# THE BRITISH JOURNAL OF DELINQUENCY

Vol. IX July, 1958 No. 1

## OBITUARY

### MISS MARGERY FRY
1874–1958

*It is with profound regret that we have to record the death of Miss Margery Fry on 21st April, 1958, at the age of 84. In spite of her heavy commitments in the penological, social and educational fields Miss Fry took an active and helpful interest in the work of the I.S.T.D. and was a member of the Advisory Board of this Journal from its inception. We are indebted to* Sir George Benson, M.P., *for the following appreciation:—*

It is difficult to write objectively of Margery Fry, for to know her was to fall under the spell of her warm personality. She was born in 1874 and was the daughter of Sir Edward Fry, a Lord Justice of Appeal. A birthright member of the Society of Friends, she eventually became an agnostic and resigned her membership of the Society. Nevertheless she still retained the Quaker attitude to life and its social problems.

While she will be remembered mainly for her work in the field of penology, her interests were wide and varied and her early activities were largely in the field of education. Having graduated at Somerville College, she became its Librarian in 1898 and held the post for some six years. Thence she went as Warden of University House, Birmingham. From 1915 to 1917 she worked in France with the Friends War Victims Relief Organization. In 1926 she returned to Somerville as Principal. One of her students later likened her coming to ' a fresh wind blowing through the College '. Those who knew her will recognize the aptness of the phrase, for wherever Margery Fry went a fresh wind blew.

Her first active work in the penal field was when she became Honorary Secretary of the Penal Reform League in 1919. Along with Gertrude Eaton, one of the founders of the organization, she was largely responsible for the introduction of the International Minimum Rules.

At this time there were two penal reform organizations: The Howard Association, which had been formed in 1866, and The Penal Reform League, formed in 1907 by penal reformers who desired a more vigorous policy than that of the Association. Realizing the waste of energy in the existence of two separate organizations in so specialized a field, she brought about their fusion under the name of the Howard League for Penal Reform. She became Honorary Secretary of the new organization, a post she held until she went as Principal to Somerville.

However, Somerville was merely an interlude in what had become her major interest. She found time to become a Juvenile Court Magistrate, and it was largely her efforts which led to the formation of the Magistrates' Association. She travelled widely to investigate foreign penal systems. In all, she visited prisons in fifteen different countries, from Hungary to Mexico, and 'hated most of them'. However, despite her absorption in penal work she still retained contact with the world of education and was appointed a member of the University Grants Committee. She also visited China and Chinese Universities. To the end of her life China and things Chinese fascinated her.

In addition to all her public activities she found time to practise the arts. She played the flute and was a painter of considerable talent. Perhaps her most remarkable characteristic was her lasting youthfulness and vigour. At the age of 77 she wrote 'Arms of the Law', a considerable volume, the first half of which consisted of a philosophical and historical essay on the growth of penal theory and practice, remarkable alike for its scholarship and incisive thought. She had an impish sense of humour, which upon occasion could be devastating but which was never wounding.

Until her final illness she attended her various committee meetings, active and vigorous in body, original and stimulating in mind. A little time after her operation, and shortly before her death, I visited her in hospital and told her that the Home Office had completed a study in which she was deeply interested, and which she had, indeed, suggested. She immediately demanded the results and was delighted when a Home Office statistician brought her a complex and indigestible mass of figures.

One could not help feeling that time had passed her by.

# EDITORIAL

Although the main theme of the present number is not the Wolfenden Report as such but the wider issue of homosexuality it is only natural that most of the following articles should be closely related to the much discussed views and recommendations of the Committee as summarized below. As within the community at large, there is within our small group of contributors a mixture of approval and criticism of the Report. When in 1954 the Home Secretary of the day and the then Secretary of State for Scotland decided to appoint a Committee to investigate the subjects of homosexuality and prostitution this Journal expressed the hope that the ' root problems which lie so close to the foundations of human society should be re-considered and dealt with in a manner consonant with their gravity, that is to say with dispassionate understanding and compassionate laws '. At the same time we made it clear that the regulations governing sexual offences cannot be fully understood ' until we investigate the deep and mostly unconscious forces that govern public opinion in this matter ' (B.J.D., Vol V, pp. 2–3). As a contribution towards this end we published a sociological study of homosexuality by Professor G. T. Kempe giving a lucid analysis of the structure and psychological problems of homosexual groups and pleading for better understanding on the part of society for its homosexual minority.

How far has the Wolfenden Report fulfilled such expectations? An attempt has been made in this number to supply at least a few answers, mainly from the viewpoints of those interested in the psychiatric and historical-legal aspects of the matter. With some exceptions, the recommendations of the Report are regarded as reasonable and, as Dr. Lindesay Neustatter points out in a review in this issue, in line with the findings of the memorandum submitted to the Committee by the I.S.T.D. and the Portman Clinic. In spite of this, Dr. Neustatter's pessimistic view that these recommendations are ' too imcompatible with the prejudices of vociferous voters for either political party—with honourable exceptions amongst some M.P.s—to do anything about ' seems to be borne out by recent parliamentary developments. Mr. François Lafitte, while paying full tribute to the achievements of the Committee, nevertheless asks not entirely without reason whether by giving more detailed attention to ' history and sociology ' the Committee might not have ' anticipated these hostile responses ' more effectively than they have actually done. As Mr. Lafitte's article shows, the historical development of English law on homosexuality provides hardly any justi-

fication for the official reluctance to reverse ' provisions of the criminal law which have stood for a long time '.

Almost up to the present time the data on the subject of homosexuality have been confined to literature, leering humour or tradition-born prejudice. The first has been romantic and largely apologetic; the second thinly verbal defences; and the third excusable because such has been the vicissitude of man's sexual development in society.

In confining this publication largely to the Wolfenden Report in a critical sense, an effort has been made, at long last, to attempt an unbiased examination, and to indicate where research is likely to be profitable in itself and for the community which feels itself offended and endangered by deviant conduct. Psychoanalysis and some socio-biological approaches have started this objective approach and, in so doing, these disciplines have made an excellent start in putting homosexuality into a context rather than viewing it as a unitary manifestation independent of its many variants within the class and its appearances in various social settings and culture patterns.

The Wolfenden Report, in its own shape and in the reception it had in the community, is the dawning sign of a realization that we have been raising hands of horror for too long. We do not run away from T.B. in fear and disgust—we isolate to study, we examine in order to classify and treat. It is a pity indeed, as Dr. Scott in this number remarks, that a verbatim report of statements and inter-personal discussions has not been published under separate cover of the cross-examinations and debates that formed the gestation phase of the Wolfenden Report. Some, at least, of the roots of opinions would have been exposed and would have given indications for future research.

Stereotype, myth, and the rubber stamp have been besetting evils in the sciences as well as in languages in social usage, which either discuss problems or over-simplify them in the interest of the narrow focus which prejudice demands. Dr. Scott emphasises the fact that both doctors on the Committee deprecated the over-simplification of a manifestation which is clinically complex and socially variant. Of course, any society which is not totalitarian must tolerate and even encourage variability, and in fact homosexuality, whatever may be the genetic undertones which give it some central pattern, is full of variations. In that degree, the issue of ' disease ' is but a fraction of the problem rightly accepted by the Committee: but they did not wholly accept the social and legal consequences of this conception.

Homosexuality is an aspect of character structure not an encapsulated part of it. In this measure it is subject to a variety of disease possibilities or potentialities and of social expressions. In the latter concept it can be

both ornamental and undesirable, like the phosphorescence on decaying bones. It is this characterological aspect which prompts the question: How can such characters tolerate society and vice versa?

What remains to be considered and to be the subject of future enquiry is the nature of the moralist attitude to the problem, an attitude which prompts the question which Dr. Scott considers—if heterosexuals are capable of control, why not homosexuals? Here again the problem of the relationship of part to whole arises on both sides, i.e., what are the variants within the concepts of heterosexuality? Obviously here is a unitary process set up against a multiplicity, namely, homosexual character which is more than homosexual behaviour (itself multivariant). And, indeed, will the issue be near settlement unless we deal with female homosexuality, which Dr. Parr shows has its statistical peculiarities (e.g., in degree of fidelity)? Both Parr's factual analysis and Scott's clinical analysis show how much research is needed and how rewarding it will be in clarifying psychiatric concepts, in modifying the law, and in bringing, above all, enlightenment and tolerance to the community.

Dr. Woodward's statistical survey of the clinical findings in 113 cases of manifest homosexuality sent for treatment to the Portman Clinic, I.S.T.D. during the years 1952 and 1953 (of whom 76 had appeared in Court) is a welcome addition to the scanty clinical records regarding this sexual manifestation. It must have been a refreshing contribution to the evidence examined by the members of the Wolfenden Committee to whom it was originally presented. It provides factual information regarding such matters as the age-incidence of homosexuality, the nature of object choice and, more important, the prognosis and results of treatment in different types of so-called criminal homosexuality. It is encouraging to observe that the amenability of these cases to treatment, even of comparatively short duration, proved to be much greater than is generally supposed; for in the past the psychiatric prognosis of such conditions has with a few outstanding exceptions been extremely guarded. We look forward to further and more detailed work along these lines emanating from the same source.

But when all is said clinical records provide little more than skeletal surveys of a subject or problem that is immensely more complicated than the clinical approach to manifest homosexuality would suggest. The case-history, valuable as it undoubtedly is, constitutes merely a classroom diagram concerning such cases as have been indiscreet (or compulsive) enough to have brought detection and punishment on themselves or at most have felt that their homosexual organization was a distressing abnormality or handicap calling for treatment. Indeed it is only when the unconscious

roots of manifest homosexuality are examined that we are able to appreciate not only the extensive ramifications of the problem but also the remarkable and indeed indispensable social services rendered by the sublimation of unconscious (infantile) homosexual impulses. Social solidarity between males and within male groups, cultural activities of a manifold nature, the transmission of culture from one generation to another, pedagogic ideals, and a not inconsiderable part of religious feeling can be traced more or less directly to the mastery of those powerful bisexual impulses that in large part govern the psychological development of the growing child. Not only so, an as yet unascertained but undoubtedly large part of heterosexual love life (both psychic and physical) is supported and strengthened by contributions from unconscious homosexual sources (identifications). All this tends to be lost sight of in clinical surveys which, even if they do not accept the criminal designation of manifest homosexuality, tend explicitly or implicitly to regard homosexuality merely as a psychiatric disorder in which psychic love, such as is apparently taken for granted in heterosexual relations, plays a relatively minor part. It seems also to be assumed by many clinicians that prosmiscuity, jealousy and unhappiness are inevitably associated with this form of sexual object-choice. It is a useful corrective to these prejudices to bear in mind that so far most clinical studies are concerned with a small fraction of a special group which in turn represents only a small fraction of the total manifest homosexual population and that in the last psycho-biological analysis manifest homosexuality represents an outcropping of an unconscious psychic stratum on which much of our civilization rests.

## Summary of the Wolfenden Committee's Recommendations with regard to Homosexual Offences

(i) That homosexual behaviour between consenting adults in private be no longer a criminal offence (paragraph 62 of the Report).

(ii) That questions relating to ' consent ' and ' in private ' be decided by the same criteria as apply in the case of heterosexual acts between adults (paragraphs 63, 64).

(iii) That the age of ' adulthood ' for the purposes of the proposed change in the law be fixed at twenty-one (paragraph 71).

*(iv) That no proceedings be taken in respect of any homosexual act (other than an indecent assault) committed in private by a person under twenty-one, except by the Director of Public Prosecutions or with the sanction of the Attorney-General (paragraph 72).

(v) That the law relating to living on the earnings of prostitution be applied to the earnings of male, as well as female, prostitution (paragraph 76).

(vi) That the law be amended, if necessary, so as to make it explicit that the term 'brothel' includes premises used for homosexual practices (paragraph 76).

(vii) That there be introduced revised maximum penalties in respect of buggery, gross indecency and indecent assaults (paragraphs 90, 91).

*(viii) That buggery be re-classified as a misdemeanour (paragraph 94).

(ix) That except for some grave reason, proceedings be not instituted in respect of homosexual offences incidentally revealed in the course of investigating allegations of blackmail (paragraph 112).

*(x) That Section 29 (3) of the Larceny Act, 1916, be extended so as to apply to all homosexual offences (paragraph 113).

*(xi) That the offence of gross indecency between male persons be made triable summarily with the consent of the accused (paragraph 114).

*(xii) That male persons charged with importuning for immoral purposes be entitled to claim trial by jury (paragraph 123).

(xiii) That except for indecent assaults, the prosecution of any homosexual offence more than twelve months old be barred by statute (paragraph 135).

(xiv) That subject to any necessary special safeguards, managers and headmasters of approved schools be allowed the same measure of discretion in dealing with homosexual behaviour between inmates as that enjoyed by those responsible for the management of any other educational establishment (paragraph 147).

(xv) That the organization, establishment and conditions of service of the prison medical service be reviewed (paragraph 180).

(xvi) That a court by which a person under twenty-one is found guilty of a homosexual offence be required to obtain and consider a psychiatric report before passing sentence (paragraph 187).

(xvii) That prisoners desirous of having oestrogen treatment be permitted to do so if the prison medical officer considers that this would be beneficial (paragraph 211).

(xviii) That research be instituted into the aetiology of homosexuality and the effects of various forms of treatment (paragraph 216).

* These Recommendations have application only in relation to England and Wales.

## JOURNAL SUPPLEMENT

*Bibliography of Criminological Journals*

With this issue we are distributing a bibliography giving the location of: I periodicals; II official serials, dealing with criminology. Should readers wish to acquire additional copies, these can be obtained from Miss E. Saville, I.S.T.D., 8, Bourdon Street, Davies Street, London, W.1., price 1/- per copy.

# HOMOSEXUALITY AND THE LAW

*The Wolfenden Report in Historical Perspective*

By FRANÇOIS LAFITTE (London)

Larousse's encyclopaedic *Grand Dictionnaire Universel,* issued in 1866, contained as a matter of course a 4,200-word essay coolly and clinically surveying what was known of *pédérastie* from Greek times onwards. Across the Channel three years later, in a work specifically devoted to morals, Lecky dismissed ' that lower abyss of unnatural love, which is the deepest and strangest taint of Greek civilization ', in 550 guarded words, because it was a topic ' to which it is extremely difficult to allude in an English book.' [1] The contrast between the two nations was sharpened by the trials of Oscar Wilde in 1895. They resulted in England in a virtual taboo on discussion of a subject which must have aroused repressed guilt feelings in many leaders of opinion, who had passed through the Victorian public schools. Three years later, Havelock Ellis's pioneering study of sexual inversion was held at the Old Bailey to be a ' lewd, wicked, bawdy, scandalous, and obscene libel.' Thirty years after that, it was still possible for Radclyffe Hall's ' Well of Loneliness ' to be suppressed on similar grounds. Today the intellectual climate is far freer. The debates which followed the Montagu trials of 1953 and 1954 ended differently—in the appointment of the Wolfenden Committee. The Roman Catholic advisory committee which gave evidence to this inquiry declared that ' penal sanctions are not justified for the purpose of attempting to restrain sins against sexual morality committed in private by responsible adults.' [2] Church of England spokesmen made similar declarations. The Wolfenden Committee adopted the same attitude in its report.

## Some Merits of the Report

This article does not review the findings of the Wolfenden report. It discusses what, in the writer's view, are some of its shortcomings; and it attempts to remedy one of them. It would be wrong, however, to pass on to criticism

[1] ' History of European Morals from Augustus to Charlemagne,' 1869 (1911 ed., ii, p. 293). When Peel had to mention sodomy in Parliament, he did so in Latin: ' The crime *inter Christianos non nominandum* ' (Hansard's Parliamentary Debates, 5th May, 1828).

[2] See *Dublin Review,* 5th Oct., 1956.

without first briefly noting the report's outstanding merits in fact-finding, in attitude, and in statement of principle.

As to ' the law and practice relating to homosexual offences ', the report's factual picture is clear enough for its purpose. The penalizing of male homosexual conduct ' probably makes little difference ' to the amount of such conduct actually occurring. For the law does not and cannot catch more than a tiny fraction of punishable acts, and is, moreover, haphazardly enforced. So much depends on local police attitudes and waves of public sentiment that no conclusions about the prevalence of homosexuality can safely be drawn from the rising trend of prosecutions.[3] Only a minority of men who are charged with homosexual acts are convicted of conduct which is at once private, consented, and confined to adults. Even so, in the three years to March 1956, 480 men were convicted in England and Wales and 9 in Scotland, in purely ' adult and private ' cases; and of these 307 were not known ever to have indulged in homosexual acts with non-adults or in public. Convictions depend largely on the ability of the police to induce suspected men to confess, since confessions are usually the only corroborative evidence obtainable. This necessity places ' before the police a temptation which does not exist in the same degree' in the case of crimes of most other sorts. In Scotland, where the admissibility of confessions is more stringently handled, the volume of prosecutions is markedly lower and written admissions of guilt are unusual. Of the 480 English cases, however, no fewer than 449—94 per cent.—did make written admissions. Nearly half the cases of blackmail reported to the police concern homosexual acts. More might well be reported but for the fact that, if he complains, the blackmailed invert cannot rely on police protection, despite the fact that extortion under threat of an accusation of buggery is specifically mentioned by the Larceny Act, 1916, as a felony punishable with life imprisonment. The blackmailed invert who calls in the police is sometimes himself prosecuted, together with the blackmailer, for the homosexual acts they have jointly committed.

As to the Committee's attitude, they deserve high praise for their cool, dispassionate tone and their warning against basing the criminal law on nothing more than feelings of ' revulsion against what is regarded as unnatural, sinful or disgusting '. As to principle, they stand firmly on the civilized values which form the common ground occupied by thoughtful Christians and thoughtful humanists alike. They hold that it is not ' proper

[3] Asked by the Association of Municipal Corporations to account for this rising trend, most chief constables who ventured an opinion ' thought that better supervision by the police was the answer '. (*Municipal Review*, Supplement, Jan., 1956). This seems to be confirmed by the sudden and unexpected 14 per cent. drop in 1956 in the number of prosecutions and convictions against adult men for homosexual offences.

for the law to concern itself with what a man does in private unless it can be shown to be so contrary to the public good that the law ought to intervene in its function as the guardian of that public good.' And they examine and reject each of the arguments for holding that private and consented male homosexual acts are so much more contrary to the public good than lesbian behaviour, fornication, or adultery, that they alone should remain criminally punishable. They find their ' decisive ' argument in ' the importance which society and the law ought to give to individual freedom of choice and action in matters of private morality. Unless a deliberate attempt is to be made by society, acting through the agency of the law, to equate the sphere of crime with that of sin, there must remain a realm of private morality and immorality which is . . . not the law's business.'

### Some Criticisms of the Report

Not unexpectedly, the report has evoked some strong and primitive emotions. These reactions quickly determined the Government to take no reformative action. Three months after the report's publication, the Lord Chancellor declared the Government's unwillingness to take ' the serious step ' of reversing ' provisions of the criminal law which have stood for a long time '.[4] The report's authors did not anticipate these hostile responses as effectively as they might have done. In order to inform or disarm unfavourable opinion, they could have strengthened their report in four main respects.

(1) Though regrettably not asked to review the whole of the law governing sexual offences, the Committee could have insisted on making their proposals fit as far as possible into a consistent legal pattern. For instance, indecent assault on a person above the age of consent is punishable with a maximum of two years' imprisonment if the victim is female, but with up to ten years if victim and assaulter are both male. Though ' inclined to agree ' that this differentiation is unjustified, the Committee (with Dr. Curran and Dr. Whitby dissenting) want to keep it, arguing that it would be better to increase the penalty for assaults on females. Yet they would surely not wish to raise the latter to ten years. Again, private and consented sexual relations between an adult and a juvenile aged 16–20 are not illegal (*a*) if heterosexual, or (*b*) if between a woman and a girl; nor would the Committee make them illegal. Yet they would punish (*c*) similar relations between a man and a youth with up to five years' imprisonment. (The two doctors would fix the maximum at two years). There is considerable force in their arguments for wanting to prevent the moral and emotional corruption which may in certain circumstances result from the seduction of a youth by a man. But these considerations may apply with equal force also to heterosexual and to female

[4] House of Lords, 4th Dec., 1957.

homosexual seductions (cases (*a*) and (*b*) above). Penal intervention is justified chiefly where there is grave abuse of a relationship of dependence between the adolescent and the adult, especially when the latter exercises moral authority (as parent or guardian) or authority of status (teacher, institutional official, officer) over the former. A law uniformly applicable to all such cases, whatever the sex of the participants, and superseding our *ad hoc* law against incest, would seem preferable to the Committee's unilateral penalizing of all homosexual relations between men and youths. The Belgian and Swedish criminal codes afford examples of a more logical approach. Had the Committee considered some such alternative, they could have disarmed critics who use the penalizing of private and consented incest between adults as an argument for continuing to penalize private and consented adult homosexual acts.

(2) By distinguishing between different homosexual offences against boys under 16, the Committee make a needless concession to obscurantism. They would keep life imprisonment as the maximum penalty for anal intercourse (buggery, sodomy), while not allowing more than ten years for other homosexual acts, some of which, such as orogenital intercourse, are equally repulsive to the ordinary mind. They propose this, apparently, because of ' the long and weighty tradition in our law that this, the " abominable crime " . . . is in its nature distinct from other forms of indecent assault ', and because of the ' stronger instinctive revulsion ' to it thought to exist ' in the minds of many people '. Since on earlier pages the Committee wrote that a just law should pay no undue ' regard for the present law, much of which derives from traditions whose origins are obscure ', and warned against legislation based on revulsion, it is not surprising that four members cannot accept the case for differentiating between homosexual acts.

(3) The Committee assumed a greater measure of sophistication on the part of the public than it actually possesses. Their argument against equating ' the sphere of crime with that of sin '—a fundamental issue around which some of the crucial battles for personal freedom have been fought—is stated so succinctly as to have left the impression on the less thoughtful sections of the public that they were propounding, not an old truth, but a novel and dangerous doctrine. By indicating the historical perspective, they could have shown how the homosexual laws can reasonably be seen to be relics of earlier modes of thought which are incompatible with the spirit of a mature and tolerant society.

(4) Had the Committee substantiated their remark about ' traditions whose origins are obscure ' by a brief historical account of the homosexual laws, the respect due to those laws because they ' have stood for a long time ' could be more readily assessed. Very little of their history is known, chiefly

because no scholar has attempted a systematic exploration of this, after all very minor, facet of social history. The rest of this article attempts to sketch the broad historical outlines and to indicate some of the gaps in our knowledge which might be filled by study of the original sources.

## Medieval Background

' Every system of law ', says Lecky,[5] ' is a system of education, for it fixes in the minds of men certain conceptions of right and wrong, and of the proportionate enormity of different crimes.' The English ' keynote ' law is Henry VIII's statute of 1533 imposing death for ' Buggery committed with Mankind or Beast '. As applied to ' mankind ', case-law has long restricted its scope to a single sexual act—sodomy, whether with a male or a female. This law survives in essentials—save for the death penalty—in S.12(1) of the consolidated Sexual Offences Act, 1956. No other private consented homosexual act between adults was punishable until 1885, when Labouchere persuaded Parliament to punish any other act of ' gross indecency ' of one man with another, ' whether in public or private ' (now S.13 of the Act).

Henry VIII's Act is hard to understand save in the context of medieval Church thinking. This has been illuminatingly studied by Dr. Sherwin Bailey.[6] According to him, the ancient Hebrews' long-standing abhorrence of male homosexual practices, intensified by familiarity with the pederasty of the Hellenistic world, led various Jewish apocryphal writers to reinterpret the old story of Sodom (which originally had a quite different moral) as an awful warning against unnatural lusts. This revised legend was firmly accepted by the early Christian Fathers as strengthening their own stand against all forms of sexual laxity. ' Sodomites ' became one of the many scapegoats, along with loose-livers of all sorts, sorcerers, idolaters, heretics, and eventually Jews too, who were blamed for all the disasters the medieval mind could not understand—floods, earthquakes, blights, famines, epidemics, and much else. Eventually the Theodosian and Justinian legal codes of the later Roman Empire (between 390 and 544 A.D.) prescribed ' the avenging flames ' for homosexual sinners—but only if they refused to repent and renounce their ways. These codes, with the legend of Sodom, dominated the Church in the centuries when it, rather than the State, regulated the faith and morals of the laity through its own courts. In practice, Dr. Bailey maintains, the ecclesiastical courts acted more in the spirit of St. Paul's teaching that active homosexuals, like adulterers, fornicators, drunkards, and other dissolute sinners, should not ' inherit the kingdom of God '. They

[5] *Op. cit.*, ii, p. 8.
[6] ' Homosexuality and the Western Christian Tradition ', 1955.

punished homosexual sinners, like others, with shaming and penance. ' In England at least ' they did not relinquish unrepentant sodomists to the secular power for execution. Spiritual disciplining of the immoral without recourse to secular authority is, he holds, the Church's true but forgotten tradition. It was secular authority which took ' the retrograde step ' of reintroducing punishment of sodomy as a crime triable by secular magistrates.

Applied to England, Dr. Bailey's thesis may be accepted in essentials. Until 1533 sodomy was unquestionably an ecclesiastical offence only; and under ecclesiastical jurisdiction no one—so far as is known—suffered capital punishment for the offence. Henry VIII's Act, paraphrasing ' Leviticus ', certainly stepped back in spirit from the New Testament to the Old. Yet it is also true that from that day until quite recently there is no record of the Church's spokesmen protesting against the imposition of an unjust law contrary to the Christian spirit and the Church's own traditions. (Dr. Bailey agrees that ' the Church cannot be exonerated from all responsibility for our present attitude to the homosexual '). And, outside England, it is less certain whether the Church's traditional attitude was as straightforward as Dr. Bailey suggests. He may perhaps underestimate the extent to which, in a Continent racked far more than England ever was by heresy, inquisition, and the ambitions of princes and prelates, charges of sodomy (as of heresy or witchcraft) were used to smear men's characters by their enemies. In modern times, Casement and Roehm were executed for treason, but irrelevant accusations of homosexuality were employed to arouse prejudice against them. Likewise, in the early 14th century, the liquidation of the Knights Templar was effected by accusing them of every manner of heretical and sexual iniquity, including sodomy. The true purpose of the operation, the first great triumph of the Inquisition, engineered by the impecunious Philip IV of France and his semi-puppet Pope Clement V, was to seize the great wealth of the Order. Under torture most of the Templars confessed, and most were put to death.[7] And in 1376 the English ' Good ' Parliament, voicing the long-standing grievances of London's traders against their foreign rivals, petitioned the King to banish all ' Lombard brokers ', alleging that they were usurers, that many were in fact Jews, Saracens, or spies, and that they had introduced sodomitical practices which would destroy the realm.[8] Dr. Bailey

[7] See H. C. Lea: ' History of the Inquisition of the Middle Ages ', 1906, iii, pp. 266 and 298f.; and Sir John Macdonell: ' Historical Trials ', 1927, ch. ii.

[8] ' Ont ore tard menez deins la terre un trop horrible vice q̃ ne fait pas a nomer. Par quoi le Roialme ne poet failler d'estre en brief destruyte, si redde corrigement ne soit sur icell hastivement ordeignez ' (*Rotul. Parl.*, ii, p. 332). The context of trade rivalry which resulted in this unsuccessful petition (and many others), and in a massacre of foreign artisans and traders in 1381, is well described in E. Lipson's ' Economic History of England ', 9th ed., 1947, i, ch. x.

believes that the charges of sodomy against the Templars were justified. Even if he is right, such episodes belong to a ' Christian tradition ' best forgotten. Can it be supposed that they stood alone? Was Westermarck wrong in claiming that ' heretics were as a matter of course accused of unnatural vice?' A thorough survey of heresy trials would certainly be needed to validate this claim, which Dr. Bailey questions. But what of inherent probability? Dr. Bailey himself shows how many of the main medieval heresies in fact led on to modes of sexual conduct which the Church could only condemn; how in particular the strange views of the Manichean heretics, diffused from Bulgaria, very probably led some of them into homosexual practices; and how *Bougrerie* became first an abusive term for heresy in general and finally an obscene epithet for the supposed sexual habits of heretics. In the case of alleged witches, ' Malleus Maleficarum ', the Church's handbook, advised the inquisitor to ask an accused woman: ' Why she persists in a state of adultery or concubinage; for although this is beside the point, yet such questions engender more suspicion than would be the case with a chaste and honest woman.' In the case of alleged heretics, may it not be plausibly surmised that men were often charged with sexual *Bougrerie* in order to ' engender more suspicion '?

### Tudor Legislation

Historians have ignored the Tudor legislation against sodomy, so that neither its motives nor its effects have been investigated. Only the bare facts are easily ascertainable. The Reformation Parliament's Act of 1533 was only ' to endure till the last Day of the next Parliament '. It was temporarily renewed in 1536 and 1539; made perpetual (with other statutes withdrawing benefit of clergy from various felonies) in 1540; and modified in 1548, under Edward VI, by an Act forbidding indictments brought more than six months after the alleged offences, and dropping confiscation of property and ' corruption of blood ' as penalties additional to execution. Mary began her reign in 1553 by abolishing all felonies created since the reign of Henry VIII, including buggery, punishment of which she may have intended to leave to reinvigorated Church courts. Ten years later, however, Elizabeth's second Parliament re-enacted in its entirety the original Act of 1553, declaring that since its repeal ' divers evil disposed Persons have been the more bold to commit the said most horrible and detestable Vice of Buggery aforesaid.' The Act has survived ever since by re-enactment in essentials in the measures which consolidated the law of offences against the person in 1828 and 1861 (when the death penalty was dropped) and of sexual offences in 1956.

Why all this happened is not very clear, in particular why the 1533 Act was ever passed. Circumstantial evidence does, however, suggest that that

measure was prompted by reasons of State, not by some homosexual scandal of the day, nor by any high-minded concern of the monarch's advisers for the morals of his subjects. Henry VIII had just finally cut the Church off from Rome, and had just informed Convocation that ' the King's Majesty hath as well the care of the souls of his subjects as their bodies; and may, by the law of God, by his Parliament make laws touching and concerning as well the one as the other.' His Act against sodomy, specifically making Justices of Peace the judges, seems to have been the first—and perhaps the easiest—step in the process whereby the Reformation State, converting sins into crimes, deprived the Church of power to judge what had hitherto been ecclesiastical offences solely; and whereby it terrifyingly asserted ' our most dread Sovereign Lord's ' authority to police the private lives of his subjects. The Act did not stand alone. It was followed, for instance, by measures imposing death for conjuration, witchcraft, and sorcery (1541), on gypsies, and for bigamy or polygamy (1603). To these the Commonwealth added a short-lived law punishing ' the abominable and crying Sins of Incest, Adultery, and Fornication, wherewith this Land is much defiled and Almighty God highly displeased.' [9] The analogy of the Templars suggests a second, possibly the main, reason for the 1533 Act. Three years after it was passed, commissioners were sent to survey the state of the religious houses. They rapidly compiled wildly exaggerated reports accusing the monks and clergy of every manner of crime and immorality, including sodomy. These smearing documents were used to cajole Parliament, after bitter debates, into allowing the King to begin the expropriation of the monasteries—a project he had been contemplating since 1529—and to institute a reign of terror. ' When their enormities were first read in the Parliament House they were so great and abominable that there was nothing but " Down with them " '.[10] And the expropriation Act justified its purpose ' forasmuch as manifest sin, vicious, carnal, and abominable living is daily used and committed ' in the monasteries. Was it mere coincidence that Henry had shortly before not only introduced capital punishment and loss of property for sodomy but expressly denied offenders benefit of clergy?

Whatever the origins of his Act, which has certainly ' stood for a long time ', they are undeniably ' dubious ', very possibly discreditable. Whether in fact the Act was much enforced before the 18th century is not known. It was certainly not used against Nicholas Udall, the boy-beating and

[9] Fornicators were only jailed. But, says Trevelyan, two or three adulterers were actually hanged, after which ' even Puritan juries refused to convict '. He adds that ' the Puritan . . . thought even more strongly than the Bishop that " sin " should be punished, but he thought that he and not the Bishop should punish it ' (' English Social History ', 1944, p. 231).

[10] Latimer: ' Sermons ', ed. Parker Society, 1844–45.

apparently pederastic headmaster of Eton. Accused of unnatural crimes in 1541, he confessed his guilt (? of ' gross indecency ' rather than sodomy) to the Privy Council, and passed a spell in the Marshalsea. But he was soon back in favour, obtaining lucrative livings and becoming headmaster of Westminster School about 1554. Later, the homosexual proclivities of both James I and Bacon may have served to shield lowlier sinners from penal sanctions on any wide scale. The trial by his peers in 1631 of the Catholic Earl of Castlehaven on charges of sodomy (he was beheaded on Tower Hill) seems to have been inspired by motives unconnected with his private sexual behaviour.

### Georgian Practice

But at least in the 18th and early 19th centuries there was a small and steady stream of trials which were held in an atmosphere of great execration. The great majority of convicted offenders were hanged until the 1830's when capital punishment for sodomy was tacitly abandoned.[11] Thus four of the five sodomists convicted in 1810 were hanged, against only 63 of 471 offenders capitally sentenced for other crimes.[12] Late in the 18th century the flow of prosecutions may well have slackened, because of an increased difficulty in securing convictions. After prolonged indecision about the proofs required for an act of sodomy, or of rape, or of carnal knowledge of a girl under 10, ' the twelve judges ' had decided in 1781, by majority, that not only penetration but emission of seed must be proved, so reversing their contrary judgment of 1777. By abolishing the need to prove emission in all such cases, Peel's Act of 1828 facilitated subsequent prosecutions for sodomy. Given the state of law and opinion, blackmail not surprisingly flourished. Men were pilloried, jailed, and hanged for extorting money by false accusations of sodomy. After the trial of one such rogue before Sir John Fielding in 1779, the judges met to discuss the problem at Lord Chief Justice De Grey's house in Lincoln's Inn Fields. ' Lord Mansfield with great energy observed, that it was a specious mode of robbery of late grown very common.' [13]

As the following selection shows, the pattern of cases tried has changed little. (1) In 1811, for ' an abominable offence ', a former ensign (who pro-

[11] This abandonment may well have been connected with a growing tendency on the part of magistrates to grant bail to accused men, in the hope that they would flee abroad. Much later the authorities apparently hoped that Oscar Wilde would take this course.

[12] 'Annual Register ', 1810, p. 411, quoting a Home Office return.

[13] 'Annual Register ', 1779. By the time of Castlereagh's suicide in 1822 (see case (2) below), it had long been a criminal offence to write blackmailing letters threatening to accuse a man of a felony or of ' any infamous crime '. Three years after that tragedy, an Act was passed expressly for the purpose of declaring that the infamous crimes in question were to include attempts, and assaults with intent, to commit rape or ' the abominable Crimes of Sodomy and Buggery '.

tested his innocence to the last) and a drummer ' were launched into eternity ' at the Debtors' Door at Newgate before ' a vast concourse of spectators ', which (according to *The Times*) included the Duke of Cumberland, Lord Sefton, Lord Yarmouth, ' and several other noblemen '. (2) In 1822 the Bishop of Clogher was caught with a soldier in the backroom of a tavern off Haymarket in London. Released on bail, he fled abroad, while the soldier was tried and condemned. This scandal precipitated the suicide of Lord Castlereagh, who deludedly thought himself ' accused of the same crime as the Bishop of Clogher'. (3) At Lancaster assizes in 1806, Isaac Hitchen, aged 62, one of the most affluent citizens of Warrington, and four other apparently middle-aged gentlemen were convicted of ' unnatural crimes ' with other men, who had turned Crown evidence to save their lives. According to the 'Annual Register ', ' they regularly assembled at the house of Hitchen, on Monday and Friday evenings; and they called one another *brother.*' The judge advised them ' in the most impressive manner . . . to prepare to meet the fate which the laws of their country had affixed to their heinous offences.' Hitchen and one other were respited. The rest were hanged, ' in a state of the greatest agitation . . . on the new drop, erected at the back of the Castle.' (4) In January 1777, says the 'Annual Register ', His Majesty in Council refused to respite Thomas Burrows, convicted at the Old Bailey ' for committing an unnatural crime at a house in a court in Drury-lane, on a person who, with about 14 others, had assembled there for the like abominable purposes.' Just before Burrows was ' turned off ' at Tyburn, he threw a paper into the crowd declaring ' I am as innocent as the child unborn of the the crime which I am about to suffer for ', and praying God to forgive his prosecutors. (5) In 1726 Margaret Clap was pilloried and jailed ' for keeping a sodomitical house off Holborn '. Forty of fifty men were caught there one Sunday evening ' making love to one another, as they called it '.[14] (6) In 1761 a young woollen draper of Cornhill, London, was pilloried and nearly lynched for attempted sodomy with a boy in a court off Lombard Street. (7) In 1763 two men, pilloried for committing ' unnatural offences ' together (evidently not sodomy), were killed by a mob at Bow. A similar incident in 1780 so stirred Parliament that an official action—which failed—was brought against the Under-Sheriff of Surrey for neglect of duty in failing to restrain the mob. (8) In 1833 William Bankes, M.P. for Dorset, was accused of indecency in a public lavatory outside Westminster Abbey, but acquitted after testimonies from the Duke of Wellington, the Master of Harrow, and others. But in 1841, charged with indecent exposure in Green Park, he jumped his bail and fled abroad.[15]

[14] H. Montgomery Hyde: ' The Trials of Oscar Wilde ', 1948, p. 379.
[15] Hyde: *op. cit.*, p. 381.

## Victorian Aftermath

Of the second penal law, the section added to the Criminal Law Amendment Act, 1885, to punish 'gross indecency' between men, the judgment of Sir Travers Humphreys[16] seems unchallengeable: 'I have prosecuted, defended, and tried too many blackmailers to entertain any doubt that the section has materially assisted such persons to carry on their nefarious trade.' Its origin is as dubious as that of the 1533 Act. For all his political radicalism, the enigmatic Henry Labouchere, founder of *Truth*, who got the section added to a statute dealing with prostitution and the female age of consent, held the strongest views about homosexuality, according to Hesketh Pearson.[17] He almost certainly intended exactly what the section says. Ten years later, according to Pearson, he regretted that Oscar Wilde had been jailed for only two years—the maximum his section allowed. He had wanted to prescribe seven years, but had been privately advised by the Home Secretary and Attorney-General not to go beyond two. (In fact, as presented to Parliament, his clause had specified one year. This was raised to two on an undebated Government motion). Labouchere also wrote: 'I took the clause *mutatis mutandis* from the French Code'—an astonishing statement, since French law did not extend to homosexual acts between adults. As presented to Parliament, his clause was entitled 'outrages on public decency'; yet it penalized private acts as well. As explained by him to Parliament—in a single sentence—the clause was to remedy the situation whereby 'an assault of the kind here dealt with' could not be punished unless the victim were under 13.[18] This is even more astonishing, both because the clause was not restricted to cases of assault and because the Offences against the Person Act, 1861, already punished, with up to ten years' penal servitude, 'any indecent Assault upon any Male Person' (now S.15 of the Sexual Offences Act, 1956). In the small hours of an August night, just before the summer recess, a thinly attended Commons accepted the clause in a few minutes without any discussion. Did they grasp what they were really doing? On the most famous trial made possible by Labouchere's section, the last word belongs to W. T. Stead, the 'anti-vice' campaigner who did most to get the 1885 Act (though not Labouchere's section) adopted. 'If Oscar Wilde, instead of indulging in dirty tricks of indecent familiarity with boys and men, had ruined the lives of half a dozen innocent simpletons of girls, or had broken up the home of his friend by corrupting his friend's wife, no one could have laid a finger upon him. . . . If all persons guilty of Oscar Wilde's offences were to be clapped into gaol, there would be a very surprising exodus

[16] 'A Book of Trials', 1953, pp. 34–5.
[17] 'Labby', 1936, pp. 242–3.
[18] House of Commons, 6th Aug. 1885.

from Eton and Harrow, Rugby and Winchester, to Pentonville and Holloway.' [19]

The Labouchere episode of 1885 had a striking parallel in 1921, the outcome of which was totally different. Even later on another August night, discussing another protection of women Bill passed on from the Lords, a thinly attended Commons adopted a last-minute amendment, sponsored by a small 'anti-vice' group, to penalize female homosexual conduct by subjecting it to Labouchere's section of the 1885 Act. A week later, knowing the Bill (which they wanted) would founder if they disputed a Commons decision so late in the session, the Lords deliberately killed the Bill rather than accept the new clause. The Archbishop of Canterbury found it 'practically impossible to give any cordial support' to the clause. The Earl of Malmesbury (formerly Director of Public Prosecutions) said it would 'enormously . . . increase the chance of blackmail without in the slightest degree decreasing the amount of this vice'. The Lord Chancellor found it 'most highly disputable upon its merits', and declared the Government could not accept it.[20]

## Conclusion

This survey suggests that the Tudor law originated in the harnessing of ancient superstitions for extraneous purposes of power politics, and the Victorian law in a confusion, if not a deception, of Parliamentary thinking. It also provokes many questions. One influence which has kept these laws alive is what Oscar Wilde called 'the rage of Caliban, on seeing his own face reflected in the glass.' If this were the chief influence, would 350 years have elapsed before punishment was extended from sodomy to other male homosexual acts, and 400 before it was attempted to punish female acts too? How much does the preservation of these laws owe to the great weight Protestant thought attached to Old Testament texts after the Reformation? Is opinion more tolerant towards lesbianism, which St. Paul equally condemned, partly because Old Testament writers ignored it, partly—perhaps in consequence—because lesbianism has never been legally penalized? May not the main resistance to law reform today derive simply from the stereotyped hostile response which has become conventional owing to the mere fact of the law's antiquity? By neglecting history and sociology, the Wolfenden Committee could not discuss such questions. But what they did say 'between the covers of a blue book can never again be quite as shocking as before they said it';[21] and in that there is cause for gratitude.

[19] Quoted in Hyde: *op. cit.*
[20] House of Lords, 15th Aug., 1921.
[21] Barbara Wootton, *Twentieth Century*, Jan. 1958.

# PSYCHIATRIC ASPECTS OF THE WOLFENDEN REPORT

## I

By PETER D. SCOTT (London)

The Departmental Committee on Homosexual Offences and Prostitution, originally of fifteen members, reported in September, 1957 after three years work. Its terms of reference, relevant to our present purpose, were to consider the law and practice relating to homosexual offences and the treatment of persons convicted of such offences by the courts. It is regrettable but, with a subject so emotionally burdened, inevitable that there are no available minutes of evidence, for there must have been a vast amount of valuable material placed before the Committee from a wide variety of sources.

The Committee described its primary duty, ' to consider the extent to which homosexual behaviour and female prostitution should come under the condemnation of the criminal law '. They were thus bound to decide what might be the essential elements of a criminal offence, and concluded that in this field the function of the criminal law is ' to preserve public order and decency, to protect the citizen from what is offensive or injurious, and to provide sufficient safeguards against exploitation and corruption of others, particularly those who are specially vulnerable because they are young, weak in body or mind, inexperienced, or in a state of special physical, official or economic dependence.' This, of course, only pushes back the problem to a definition of decency, offensiveness and injuriousness, qualities which tend to be assessed in a markedly different manner at different times, places, levels of society. Indeed the Committee, which was concerned both with Scotland and England and Wales, noted some very marked ethnographical differences in the incidence of certain homosexual offences. The Committee accepted that it is not the function of the law to intervene in the lives of citizens nor to enforce patterns of behaviour more than is strictly necessary, nor should crime and sin be equated. Are we not faced with the legal fact that at present neither adultery, fornication nor prostitution is a criminal offence? As compared with heterosexual there is very great intolerance of homosexual activities. Logic fails miserably to explain, otherwise than on purely psychological grounds, why two unmarried adults of different sexes may engage in sexual intercourse without breaking the law whereas two of the same sex may not; in the case of homosexuals there is no greater risk to the physical health of

the individuals concerned, no real concern for the birth rate (for society does not, in general, object to contraception among heterosexuals and discourages illegitimate conceptions), no proven greater risk of endangering the individuals' other responsibilities, no risk of creating misery in the next generation —and both are held to be sinful. The bias is deeply and strongly embedded in the morals of the community at a level independent of religious teaching or legal prohibition. Public opinion and feeling in this matter is, then, crucial. Recommendations too startling or too tame could delay penal reform, and lead to accentuation of the very misgivings and doubts which necessitated the enquiry. Surely the Committee's task was a delicate one, to estimate not only how far the law could but how far it should intervene in this matter of public opinion. Its object was not the relatively straightforward scientific advancement of knowledge, but the recommendation of a practical course of action. The task was made difficult by two major factors, firstly, the lamentably incomplete state of knowledge concerning the nature and especially the treatment of homosexual behaviour; secondly, the failure to discover what was termed an 'unequivocal "public opinion"'; it was frankly admitted 'our estimate of them (the standards of the community) may be mistaken.' It is no criticism of the Committee, and it is indeed somewhat trite to state that this enquiry should really have followed (instead of having to recommend) a programme of scientific research, and that an endeavour ought to have been made to assess public opinion on the matter before reporting. Obviously such opinion would not be unequivocal, but if it is possible to determine the community's preference for various brands of confections or detergents, it should be possible to determine its opinions on social questions. The very making of a cross-sectional assessment of national public opinion might be a useful way of bringing a sense of responsibility to the man in the street and in this connection, as Dr. Hermann Mannheim has pointed out, the term includes 'almost anybody who has made no special study of the subject, from distinguished judges to convicted burglars who tend to despise their fellow prisoners of the homosexual type'.[1] An interesting indication of an aspect of public opinion was revealed by the newspapers following the publication of this report. Uninformed opinion seems to be the reverse of informed opinion in feeling more confident about the recommendations concerning prostitutes rather than about those for homosexuals. Both in the daily papers and Sunday papers accepting and rejecting opinions were expressed of the main recommendation concerning homosexuals, confirming public ambivalency, but giving little indication of how the 'voting' would go numerically.

[1] Mannheim, Hermann. 'Criminal Justice and Social Reconstruction', London, 1946, p. 65.

Quite apart from the specific recommendations, the calling of the Committee, the publicity to the subject which this action caused, the evocation, at least to some extent, of the opinions of the community, the very fact that so high a degree of agreement was reached within the Committee, and that so many influential people have been stimulated to declare themselves in moderate terms, must have been valuable.

Before considering specific issues one general point needs mention. The report does not convey a clear account of the present state of our knowledge of the nature of homosexual behaviour, indeed it was not its function to do so. Yet those who seek to influence public opinion, or those who endeavour to implement or modify the recommendations of the Report, will need such a basis of knowledge. If they think that this Report can be used for this purpose they will be disappointed. Although the legal side is well covered, the clinical is not, and is distinctly misleading in parts. As Drs. Curran and Whitby pointed out in their note (p. 72) the body of the Report over-simplifies the clinical picture. It would be of great value if an agreed and manifestly unbiased outline of relevant scientific fact (of which there is now a considerable body) and of the various theories of causation and treatment, could be published through the Stationery Office as an authoritative handbook for those who will further concern themselves with this problem.

It is not proposed to dwell on the particular recommendations of the Report except in so far as they seem to have a definite psychiatric implication. It does seem, however, that the Committee has established a skilful and convincing compromise between the breaking down of outmoded prejudice and severity on the one hand and the protection of society (especially from its own anxieties) on the other. Furthermore the several reservations of individual Committee members seem to express the inevitable differences of opinion in a balanced manner.

The first and most important recommendation is of course that homosexual behaviour between consenting adults in private should no longer be a criminal offence. The single dissentient from this recommendation (Mr. Adair) put his case clearly and made some sound points, for example, that the recommendation ' will deprive young adult employees in those professions and occupations where the practices are particularly rife from a strong defence against corrupt approach by superiors and elders.' Other of his statements, however, seem to need questioning. He states that (p. 118) ' it is clear from evidence given before the Committee that many psychiatrists hold the view that the vast majority of criminal offenders, whatever the nature of their criminal acts, should be medically treated rather than be dealt with by the law. . . .' Since the minutes of evidence are not published this point cannot be directly challenged. It can only be said that ' many psychia-

trists ' do not express such views elsewhere. They did not, for instance, express such views to the Royal Commission on Mental Illness and Mental Deficiency, which was very much concerned with exactly this problem. We are told also, several times, that with one exception medical witnesses to the Wolfenden Committee acknowledged that imprisonment may sometimes serve a useful purpose with homosexual offenders. It may be that 'dealt with by the law' has been mistaken by Mr. Adair for punishment by the law. At all events it is possible to assure him that psychiatrists with the slightest experience in forensic matters know full well that a stage is frequently reached when legal compulsion is absolutely essential and inevitable. Mr. Adair is clearly somewhat confused in his opinions about psychiatrists. He implied that non-medical witnesses had been unduly influenced by psychiatrists and that somehow the shameful fact that the doctors are not very effective at treating homosexuality had been hidden from these witnesses. It would seem in reality, however, that psychiatrists are perfectly open about this matter and that they are not anxious to be saddled with therapeutic responsibilities which they cannot yet fulfil. The British Medical Association's opinions may be quoted:— ' The medical profession has no panacea to offer for the cure of homosexuality '. . . . ' Not all homosexual persons need, or are amenable to, medical treatment.' ' The limitations of medical treatment should be borne in mind by the courts.' Dr. K. Soddy in an article ' Homosexuality ' (*Lancet,* September 11th, 1954, p. 545) roundly states that ' the prospects of the successful eradication of homosexuality by treatment of the individual, alone, can be estimated as nil.' Many similar examples could be given which together make it difficult to understand Mr. Adair's criticism. He rightly holds that ' the influence of example in forming the views and developing the characters of young people can scarcely be over-estimated. The presence in the district of, for example, adult male lovers living openly and notoriously under the approval of the law is bound to have a regrettable and pernicious effect on the young people of the community.' But it is only the influence and example of those for whom the young people feel affection, esteem, respect or dependence, which can determine character. Current psychological opinion would hold that provided home and other close influences are healthy the presence in the district of such homosexual lovers would not be deleterious. The report seems to accept this psychological reasoning in its general argument (p. 33) . . . ' we are not convinced that homosexual behaviour is a decisive factor in the production of the homosexual condition; and even in those cases where seduction in youth can legitimately be regarded as one of the factors in producing the condition, our medical evidence suggests that this result is dependent more on the make-up of the individual boy or youth than on the nature of the physical act to which he has been

subjected.' Mr. Adair's statement that 'homosexual, like most practices, propagate themselves ' seems arbitrary, and easily refuted by example. Finally he subscribes to the extremely doubtful and frequently disproved belief that that which has ' always been thought ' so must be so, and, more serious, that the onus of proof of justification rests on the advocates of change, whereas it would seem to be an extremely important principle that those who find it necessary to punish or to restrict liberty should constantly endeavour to find alternatives and to limit the severity and duration of their measures. At least the onus should be shared.

The Committee immediately makes it clear that the difference between homosexual behaviour and homosexuality is appreciated. Terms such as natural and unnatural, invert and pervert are rejected, and the principle of the Kinsey homosexual-heterosexual continuum, and its inference that homosexuals are not separate from the rest of mankind, accepted. After this promising start the argument becomes bogged down in a somewhat naive discussion as to whether or not homosexuality is a disease, thus skipping back (as so often happens in discussions on psychopathic personality) into an assumption that it is a homogeneous condition upon which generalized judgments can be passed. The report concludes that ' homosexuality cannot legitimately be regarded as a disease, because in many cases it is the only symptom and is compatible with full mental health in other respects.' Comparing the self-control of homosexual persons with the allegedly satisfactory self-control of patients in mental hospitals, and with the varying degrees of self-control in matters of daily experience such as coughing, the Committee bursts into the field of criminal responsibility with the opinion that ' there are no *prima facie* grounds for supposing that because a particular person's sexual propensity happens to lie in the direction of persons of his or her own sex, it is any less controllable than that of those whose propensity is for persons of the opposite sex.'

Several of these questions might profitably be discussed: —

Is homosexuality a disease?
How often is it the only symptom?
Is is compatible with full mental health (whatever that might be)?
Can a homosexual act be usefully compared with acts such as coughing?
Does a sexual propensity just ' happen ' or is it ' caused '?
Is it valid to compare control of homosexual with that of heterosexual behaviour?

*Is homosexuality a disease?* This is a difficult question which tends to devolve into semantics. Lord Cohen has observed (P.R.S.M. 1955, 48. 155) that throughout history two concepts of disease have co-existed: disease as a

distinct entity and disease as a deviation from the statistical normal. The Committee, however, recognizes as disease only those conditions possessing three criteria: the presence of abnormal symptoms caused by a demonstrable pathological condition in turn caused by some factor called the 'cause'. The invasion of the body by diphtheria bacilli is cited as an example. Yet other and better examples might be taken; the fact that, as is commonly the case, a person's legs are of very slightly different length does not constitute him as diseased, yet there is a host of conditions, some congenital, some acquired, some developmental, some deficiency disorders, some of the causes known and some not known, which, even if the cause is no longer operative, leave perhaps the single symptom of shortness of leg, to a degree which undeniably constitutes disease. This is a much fairer analogy for our purposes in that it allows for the idea of degree of deviation, and for a cause which, like rickets, can act throughout an early era and then resolve leaving a static disability. Do you call an adult with some residual wasting and shortening of a limb, from a childhood infantile paralysis, diseased? He may for purposes of his self-regard have carefully covered the symptom and compensated or over-compensated for it, he may even for the same reason deny any disability or if there is a disability he may not complain of it until you know him very well. One may complain, where another would not, owing to differences of personality. Possibly co-existing damage from the same cause may produce undeniable invalidism. His disability may only declare itself in certain very limited circumstances of time, age or place. The doctor's efforts in such a case are likely to be confined to helping the individual to accept and make the best of his lot. So it may be with homosexuality. It is sometimes merely an academic question as to whether there is disease. It is a matter of degree.

It may be nearer the mark to hold, as does the Committee, that homosexuality is not a disease, yet anyone who insists on a wholly negative or wholly positive answer to this question is not doing justice to the complexities of the matter. Furthermore its conclusion that homosexuality is not a disease seems to have been adopted for a faulty reason—'because in many cases it is the only symptom and is compatible with full mental health in other respects.' By the same criteria patients are held to be ill and even are certified insane because of an apparently single symptom, for example, the possession of a sharply limited system of paranoid delusions. Some physical diseases possess only a single symptom. Nor is it helpful to consider homosexuality a disease only if it is accompanied or released by some classical mental disorder such as senile dementia, schizophrenia or anxiety neurosis; this is simply an evasion of the main issue.

*How often is homosexuality the only symptom?* In the first place a

warning must be sounded that the homosexual's account of himself may for good reasons be strictly limited. A symptom is necessarily a subjective matter. Homosexuality is often regarded as a clever device for avoiding the anxiety which heterosexual activity might cause. If this is so then it is possible that the patient will not readily admit to himself or to anyone else anything which might threaten or reveal flaws in his complex and perhaps precarious adjustment.

It cannot be too strongly stressed that, in a great number of those cases coming to our notice, there are really at least two symptoms which could be made. One is ' I prefer sex with men '; the other is ' I get myself caught doing it '. Those who try to treat offenders are often much impressed with the astonishing diversity of abnormal behaviour on the one hand and the astonishing underlying similarity of disordered self-control on the other; and with the similarity of disordered self-control goes a similarity of the home background in terms of relationship with parents. This raises the question of character structure in homosexuality. Opinions are certainly completely at variance. The Committee itself has been convinced that it is ' compatible with full mental health '. Kinsey and his colleagues write: ' The real problem is the discovery and treatment of the personality defects, the mental difficulties, the compulsions, the schizophrenic conflicts which lead particular individuals to crack up whenever they depart from averages or socially accepted custom, while millions of other persons embrace the very same behaviour, and may have as high rates of activity without personal or social disturbance.' East and Hubert, nearly twenty years ago, believed that ' in many homosexuals the form of their disorder is so bound up with their total relations to society and to authority, that one may often say, with truth, that the reason for their repeated convictions and punishments are as much due to these as they are to the actual offence.' D. J. West also implies the occasional defect of personality: ' The fact requiring explanation is not the existence of homoeroticism but the inability of a minority to conform with the social taboo against it '. Schwarz on the one hand held that ' serious perversions are imbedded like a foreign body within a completely normal personality ', while Karen Horney, like many analysts, maintains that character explains the perversion and that sex disturbances are the effects not the cause of neurosis.

Psychiatrists are perhaps not well fitted to pronounce on this matter for they may be seeing a selected group of the most disturbed homosexuals, though some psychiatrists go into prisons and remand homes and win themselves patients from quite another sampling. On the other hand psychiatrists, because of their skills and status as physicians, are able to look a great deal more closely at these problems than most other individuals. The writer at any rate endorses Soddy's remarks: ' Few normal people understand the depths

of unhappiness possible in homosexuality—an unhappiness ranging from loneliness and eccentricity (often found in its most harmless example, the confirmed bachelor) to the instability and frustration of overt homosexual love relationships, and the jealousy, fear, and crime with which they are associated. Nothing short of twisted instincts and deep deformities of character could drive men into such shadows for such trumpery rewards '.

In summary it might be said that though, as Kinsey implies, there may be millions of people whose homosexual behaviour (as opposed to homosexuality) is not associated with other abnormality, yet in those who are unable to enjoy heterosexual relationships or unwilling to try even though the legitimate opportunity presents itself, then it is very probable that there are other symptoms whether they are actually expressed or not. Yet it is undeniable that there do exist certain highly stable life-long homosexuals who hold responsible posts and seem to be well adjusted. There are two possible explanations, both of which may apply in a given case. Inherited qualities and environmental circumstances may be so advantageous as to enable the individual to make adequate adjustments and compensations. The personality defects (or ' lacunae ' as Johnson and Szurek would call them) of the mother may be so specific and limited as to produce an equally specific and limited disorder in her son. Conversely the widely hostile and inconsistent mother is more likely to produce a wide character defect in her son. Clinical observations of this sort of correspondence are sufficiently established and frequent as to warrant the making of an hypothesis for testing, but, alas, we have no means of measuring personality nor of separating one component of personality from another, so that these suggestions must be admitted as informed speculation.

In the limited group of well adjusted confirmed homosexuals, if there are going to be other symptoms, they frequently take the following forms: difficulty in doing what they are ordered or required to do despite the capacity to do it, hence marked procrastination; preference for a wife, landlady or maternal figure to ' organize ' them; the feeling of inability to assert themselves in a direct manner; a tendency to eccentricity (opposition to that which is generally approved); preference for old things; conservatism in personal tastes but politically left-wing; irritation with their own deference to authority; an inabilty, despite resistance, to avoid criticizing ' important persons '; periodic restlessness and depression with a thought-content of searching for something unknown, leading sometimes to long walks or to sitting in public places watching for something, when they should be working; inability to resist lost causes; embarrassing generosity to inferiors whom they know to be ' sponging '. Needless to say these ' symptoms ' sometimes are regarded by others as, and in reality may be, linked with valuable

qualities: diplomacy, service to handicapped people, loyal service near but not at the top. In general their difficulties fall under the headings of disharmony between active and passive strivings and difficulty in their relationships with authority.

*Can a homosexual act be usefully compared with acts such as coughing?* Clearly no, and to compare self-control of patients in the ward of a mental hospital, a sheltered environment, nurses always near at hand to supply an external conscience, is really rather absurd. How would these patients behave if they were free as the homosexual person is?

*Does a sexual propensity just happen?* This seems a useful peg on which to hang some remarks about possible causative factors. Having read Ford and Beach's admirable text book, and made some simple ethological observations in London streets, we will not argue with the assumption that homosexuality is implicit in most species—a reiteration which tends after a while to irritate those who daily see the miseries of homosexual patients. Let us confine ourselves for the sake of relative simplicity to those homosexuals who long to marry and have children but cannot bring themselves to do so, the variously termed ' essential ', constitutional, non-facultative, reparative homosexuals. The nearest approach to ' just happening ' is that the condition should be predetermined from the moment of conception. Such genetic factors might act in a unitary fashion as in the case of eye colour or arm length, or less specifically through one or more factors summating, or one or more factors facilitating the action of environmental factors, *e.g.* factors of temperament making it difficult for the child to hold out against dominating qualities in the mother, or affecting his learning potentialities within his family. The definitive investigations of genetic theories have so far been inconclusive. Sibships of homosexuals are, after all, not predominantly male. Twin studies, especially those of Kallmann, are suggestive that there is at least some genetic factor involved, though his samples were small and curiously selected.

Against the genetic theory are the findings of those who study various forms of hermaphroditism and cases in which the true genetic sex has been mistaken. They conclude that environmental factors determine how the individual behaves sexually. Thus McKenna and Kiefer conclude that in most cases of true hermaphroditism the libido and emotions depend upon the person's upbringing; Arneaud and his colleagues similarly find that ' in the majority of instances of true hermaphroditism the genetic sex, which is usually female, has been suppressed by the social and psychic sex, which is usually male;' Bromwich states . . . ' it is usually found that the emotions are appropriate to the sex of upbringing (the " social " sex);' Hampson and others concluded from a study of 11 girls and women with gonadal agenesis, chromosomally male but all unequivocally fulfilling the cultural and physio-

logical expectations of femininity, that ' a person's conviction of himself as a man or herself as a woman—the gender rôle and erotic orientation—is a variable quite independent of genes and chromosomes.' Finally, Innes Williams holds that 'the environment is one of the most important factors in the development of sexual inclinations, and if the (inter sex) child is weaned as a boy from an early age one need not be too fearful of creating a practising homosexual.... the psychological orientation corresponds so closely to the upbringing that the importance of environment as the determining factor can scarcely be doubted .... many have married and enjoyed satisfactory intercourse only in the rôle in which their education has led them to expect satisfaction.' The chromosomal sex of male homosexuals studied by Barr and Hobbs, and by Pare, even in the most determined-to-be-feminine types is invariably typically male.

Hirschfeld's prophecy that in the final analysis the reason for sexual digression will be found in the sexual glands is nowhere near fulfilment. Glass, Myerson and Neustadt, and Wright found a lowered androgen oestrogen ratio in the urine of homosexuals but the work of Appel and of Sevringhaus and Chornyak has not confirmed this.

Similarly a great deal of work on the body measurements of homosexuals and heterosexuals has been inconclusive so far as the occurrence of so-called feminine characteristics in male homosexuals is concerned. One observation of great interest needs to be held in mind however; there seems to be some connection between sexual inadequacy and extremes of other characteristics. Thus Slater, from a study of 1,233 neurotic soldiers classified by their sexual activity, concluded that ' the factors which predispose to neurotic breakdown are related to those which tend to bring about a reduction of normal sexuality ', and ' where a graded characteristic is in question, such as intelligence and bodily habitus, sexual inadequacy was more frequent at the extremes of the distribution.' Confirmatory to this are Gibbens' findings that homosexual Borstal boys tend to fall into the extremes of somatotypes.

Another field of investigation which has been alleged to be important is the rate of sexual development. Kinsey suggested that advanced puberty and sexual vigour might be aetiologically significant, whereas Leonard Simpson observes delayed puberty, subnormal growth of facial and pubic hair and other immature or poorly developed physical features. Possibly early puberty may lead to a picture of facultative, abundant (polymorphous) activity while Simpson's type might predispose to a more passive and stereotyped homosexuality.

Finally the early relationships within the family are acknowledged as important by nearly everyone who has studied homosexuality. The supposed difficulty is that the type of background associated with homosexuality is not

specific. It is shared with that of other sexual difficulties, and especially with that of psychopaths and criminals. This, however, is matched by the observation that one scarcely sees a pathological offender who has not also some disturbance of his sex life. Radzinowicz has recently shown that 80% of his large series of sexual recidivists had at least as many previous convictions for non-sexual as for sexual offences. Psychopathologists, for example Schmideberg, find close similarities between sex offenders and non-sex offenders.

Although there is as yet little scientific certainty concerning how homosexuality 'happens' it would seem certain that early environmental factors influencing the 'learning situation' of the child are crucial and that hereditary factors play some part. The point that needs to be grasped is that homosexuals coming to our notice, especially in the courts, are nearly always struggling to reach an adjustment against very considerable and not easily recognized odds. We therefore come back to the truism of Alexander and Staub, a quarter of a century ago, that the solution of the problem 'is not the punishment of the adult, but the proper management of the child. . . . The revengeful attitude of society towards the victims of its own mistakes is cruel, useless and purposeless.' One final point in this connection is the common mistaken belief, not only among lay people, that so-called facultative or bisexual homosexuals are necessarily free to choose whatever sexed partner is available. Many males who have sexual relationships with both men and women, and who are perhaps married, are every bit as much tied to their bisexual pattern as a man of Kinsey rating 6 is tied exclusively to his men. Sir Norwood East seems to have recognized this in stating that 'so-called bisexual people are nearly always true homosexuals.' Clinical experience certainly confirms this.

*Is it valid to suppose that the control of homosexual behaviour is no more difficult than that of heterosexual behaviour?* It is, of course, obvious that heterosexual behaviour is subject to similar disorders as homosexual. There are callous, cruel heterosexual acts and there are homosexual acts in settings of affection and tenderness. There is heterosexual as well as homosexual rape.

The nature and setting of the act gives some indication of the individual's capacity to control it, and it does so by allowing some insight into the personality of that individual. Some sexual acts (homo- or heterosexual) can only be accomplished through the expression of great violence; some can only be accomplished if the male subjugates himself completely to his male or female partner, and so on through the astonishing range of sexual variation of practice. There seems no reason to suppose that there is any major difference in the degree of control which these abnormal homo- and heterosexual indivi-

duals can exert. One is forced to the unhappy conclusion that, at least in heterosexual activity, the more abnormal the action the more abnormal the personality and the less control is available, a conclusion which would not be well received in a criminal court. Something of this sort must apply to homosexuals but one does not know what normal homosexual behaviour is, nor if there is such a thing. Referring still to homosexuality and not to truly facultative homosexual acts, the closer a homosexual act, and the homosexual relationship behind it, approximates to a normal heterosexual act and relationship, the less likely are the personalities of the partners to be warped and therefore the better self-control can be expected. Thus if the partners have a mutual regard for each other, are of reasonably similar age, have a continuing relationship rather than a brief contact for the sole purpose of sexual relief, consider the preferences of the other, stop short of anything which might harm the other, show circumspection in their activities, and if their sexual activity consists of fore-play and mutual orgasm then it is unlikely that their personalities are very seriously warped. Such a conclusion should then be checked by consideration of cross-sectional and historical aspects of their lives. But, in the writer's opinion, the very fact of having accepted a homosexual way of life is invariably associated with some distortion of personality, admittedly sometimes very well localized, but nevertheless present, so that self-control, at least within this localized area, is likely to be diminshed. It is relevant to mention here that it is a fact (demonstrated by such studies as that of Hartshorn and May) that human qualities such as deceit or self-control are not always uniformly distributed over the whole personality. The child who steals from the teacher may not dream of stealing from his mates, the officer who can face zero-hour with composure and outward calm may be almost paralysed with anxiety when required to address a meeting. While lack of resolution and poor self-control may be apparent throughout a personality, the converse, that he who shows strong qualities in some things can therefore apply them to all, is not true.

These are admittedly largely theoretical considerations. What is definitely not theoretical, however, is the social setting of homosexuality and the certainty that current attitudes to homosexuality must have an effect upon the homosexuals themselves. As Mannheim has said, ' The fact that his sexual activities, which he is often unable to regard as abnormal, are treated as serious crimes by the law is likely to make him profoundly anti-social and produce the mentality of an outlaw.' Let the heterosexual individual contemplate how he would have felt at, say, 20 years of age had he then learnt that all heterosexual activity rendered him liable to punishment and disgrace. Curiously enough, the attitude of most homosexuals is far less hostile to these social restrictions than might be expected, the reason, supposedly, being

that the whole meaning of their homosexuality is ' adjustment to that which is forbidden '; in this sense society and the law may only be repeating a similar lesson to that to which he has been accustomed within his family from early childhood; furthermore they tend to be so deeply imbued with guilt feelings in regard to sex that restrictions in this direction are expected and to some extent acceptable. The Committee reports that 94% of arrested homosexuals make ' voluntary ' statements incriminating themselves.

It is proper and necessary to expect certain standards of homosexuals and for the law to enforce them; this was for the Committee to consider. In propagating the belief, however, that the ' propensities ' of homosexuals are no less controllable than those of heterosexuals the Committee would appear to be making a serious mistake.

There are many other features of the report which are of psychiatric importance, especially their consideration of treatment, of the part prisons have to play, of medical reports to court. One recommendation, however, which all will welcome is that research be instituted into the aetiology of homosexuality and the effects of various forms of treatment. One wonders, however, if we have really reached the stage at which we should be investigating homosexual aetiology and treatment as a first objective. Basic fact gathering and description is still the outstanding need, and especially do we need to know more about the relationship between sexual perversions (they cannot be separated clearly on clinical grounds) and varieties of personality disturbances. It would seem that the perversions are very closely linked with psychopathy and that their problems will be unlocked with the same key. Too close concentration on a concept as poorly defined as homosexuality may be premature.

# PSYCHIATRIC ASPECTS OF THE WOLFENDEN REPORT

## II

By DENIS PARR (London)[1]

In the following notes upon homosexual behaviour and the law, the points selected for discussion are mainly those which can, in varying degrees, be illuminated by reference to observed facts. Some important aspects of the matter are therefore omitted, since they are not susceptible to treatment of this kind. The term homosexual is here taken to mean having a history of acts with other persons of the same sex at the genital level, or of conscious desires or impulses to commit such acts after puberty.

### Acts Between Consenting Adults in Private

*Arguments in favour of the present law.* Propositions such as that homosexuality ' menaces the health of society ' can be regarded more as metaphorical expressions of ethical judgments than as arguments calling for reasoned criticism. It is possible, however, to pick out certain contentions which have been put forward in favour of the present law regarding acts between adults and which can be examined objectively.

*(a) That homosexuality is usually associated with other defects of character and conscience.* The view that homosexuals are in all respects morally degenerate may be illustrated by the following quotation from a paper in ' The Practitioner ', by Learoyd (16); 'As one would expect with their essential lack of mental control, many exhibit other sexual abnormalities, masochism, sadism, exhibitionism, transvestism, and all the dog-like interests in excretion and excretory products. They are also often criminal. . . . The idea that a practising homosexual can be perfectly high-minded in other respects is a carefully fostered illusion.'

Even if statements of this kind were true, they would not justify the retention of the present law, which is concerned with offences and not with homosexuals as personalities. The great majority of practising psychiatrists who have written on this subject state that in their opinion practising homosexuals can be and often are entirely respectable and worthy in other regards. Statements on the precise incidence of other sexual perversions and of criminality vary greatly with the source of the sample. For example, in the Cambridge Survey (Radzinowicz (20) ) it was found that of 986 homosexual offenders, 18 per cent had a previous record of non-sexual crimes. In our

[1] I am grateful to Dr. Desmond Curran for much advice and helpful criticism, and to St. George's Hospital Research Funds for financial help.

studies we have found greatly differing incidences of crime and other sexual perversions, as the following table (A) illustrates:

*Table A*

| *Source and size of sample* | *Private practice* 100 | *Neurosis units* 85 | *Rehabilitation units* 15 | *Total* 200 |
|---|---|---|---|---|
| Percentage with previous record of non-sexual crimes . . . . . | 2% | 9% | 40% | 8% |
| Percentage with history of other perversions | 4% | 18% | 73% | 15% |

The remarkable difference between the patients of the social rehabilitation unit for psychopaths and the remainder is due to different methods of selection of the population in each group. Homosexual males, as other males, vary from the highly psychopathic to the eminently worthy and scrupulous, and their sexual needs fom the multiple and varied to the constant and stereotyped repetition of what is natural for them.

(*b*) *That all practising homosexuals are likely, sooner or later, to seduce small boys.* The question of the possible overlap between homosexual activities directed towards adults and those towards pre-pubertal boys received a good deal of attention from the Committee, as did the alleged sequence from preference for adults to that for boys (the ' Rake's progress ').

Calder (4), writing in this Journal in 1955, gave as his opinion: ' It is difficult to say how many practising homosexuals seduce the young, but it can safely be asserted that the percentage is big enough to make it a reasonable probability that when a court imprisons or otherwise segregates a man convicted of sodomy or gross indecency, it is protecting some boy from harm.'

The opinion just quoted merits close examination. In the Cambridge Survey (Radzinowicz, Tables 40 and 41) were included 635 adult men guilty of homosexual offences other than importuning. Of these, 104 were imprisoned, no less than 83 per cent of these being offenders against boys. By contrast, of the remaining 531 not imprisoned, 14 per cent were offenders against boys. The Cambridge findings thus support Calder's contention to the extent that in this sample, when a court imprisoned a man convicted of a homosexual offence, it was more often than not dealing with a man whom it knew to have offended against boys.

The fact that many homosexuals sent to prison are paedophiliac in no way confirms, however, the implication that a high proportion of the whole population of practising homosexuals turn their attention sooner or later to boys. For example, in a study of 200 psychiatric patients with a homosexual

condition (19), we have found that only four were known to have committed acts with adults and pre-pubertal boys at different times in their lives. There was a larger overlap (in the hospital series 6 per cent.) between those active with boys between 14 and 16 on the one hand, and younger or older ages on the other. Kinsey (quoted by Curran and Parr, (5) ) found that the proportion of homosexuals preferring pre-pubertal boys was very small, perhaps 3 per cent. The Wolfenden Committee accepted, on the basis of expert opinion, that these classes of homosexuals were distinct.

So far as the writer has been able to discover, there is no evidence for the proposition that a majority of homosexuals are dangerous to young boys, and he believes it to be untrue.

(*c*) *That the present law effectively deters from homosexual behaviour in private many men who would otherwise indulge in it.* There is very little evidence relevant to this contention, but two points are worth making. The first, which is beyond dispute, is that the proportion of homosexual behaviour which is detected and prosecuted is extremely small. The exact proportion is undiscoverable; it may reasonably be estimated as much less than one act in a thousand, while, for the United States, Bowman and Engle (3) suggest (on the basis of an unspecified study) that six million homosexual acts occur yearly for every 20 convictions. The second concerns personal findings amongst the series of psychiatric patients already referred to, of whom 88½ per cent. indulged their homosexual inclinations at one time or another in their adult lives. When relevant information was available about the conscious motives restraining the continent members of this series from practising homosexual acts, it appeared that legal considerations were of minimal significance as compared with religious, aesthetic and (in the wider sense) social motives, admixed in some cases with neurotic difficulties. It is not assumed, of course, that the findings in this small group of psychiatric patients are necessarily representative. We have little idea how many continent homosexuals there are in the community, nor why they are continent; we certainly have no evidence that it is the law which restrains them.

(*d*) *That buggery is socially more menacing than other forms of homosexual behaviour and that those who practise it can be clearly differentiated from those homosexuals who do not.* This proposition is a corollary to the special legal position of buggery, which, unlike other acts between adult males, carries a maximum penalty of life imprisonment. Though this maximum is scarcely ever applied, the figures shown in Table VI of Appendix I of the Wolfenden Report make it clear that buggery between consenting adults in private does in practice carry heavier penalties than other acts in the same circumstances. For example, from this table it can be calculated that of 127 men convicted of gross indecency, 9 received sentences of more than

six months in prison, while of 155 convicted of buggery, 80 were so sentenced.

So far as recidivism is concerned, two statistical samples suggest that those committing buggery are no more likely to be recidivist than males guilty of other indictable homosexual crimes, as the following tables show. The figures are extracted from the statistics for 1954 reproduced in Appendix I of the Wolfenden Report (Table B), and from tables 25 and 28 of the Cambridge Survey (1947) (Table C).

*Tables B and C*

| *Offence* | *Percentage with previous offence in same category* | *Percentage with any previous indictable offence* |
|---|---|---|
| Buggery . . . . . | 12% | 29% |
| All other indictable homosexual offences (including attempted buggery) . . . . . | 19% | 32% |

| *Offence* | *Percentage with previous sexual conviction* | *Percentage of first sexual offenders with previous convictions for non-sexual offence* |
|---|---|---|
| Buggery and attempted buggery | 23% | 29% |
| All other indictable homosexual offences . . . . . | 23% | 25% |

These figures do not support the view that persons convicted of buggery have a worse record than other homosexual offenders.

In our studies of psychiatric patients, of whom most were not on a criminal charge, the only correlates of buggery which we have found have been (*a*) promiscuity and (*b*) relative adequacy of documentation. Of 50 cases about whom there were more data than the rest of the series, 62 per cent admitted buggery. The selection of a particular mode of homosexual behaviour is independent of merits or failings as a citizen in other regards.

Although accepting in principle the point of view just outlined, the Wolfenden Committee nevertheless proposes to make buggery a separate offence in the case of acts with boys under 16. This is the subject of a reservation by four members of the Committee, who are in favour of abolishing altogether the distinction between buggery and other offences.

### Acts Between Consenting Adults in Public

In the three years ended March 1956, the number of men convicted of offences only in private and only with consenting adults over 21 was 300. This was about 1·6 per cent. of the total number of convictions for indictable

homosexual crimes. In discussing the present state of the law, it is as well to remember that if all the Wolfenden proposals were implemented and if homosexual behaviour and police activity continued as before, the reduction in total number of prosecutions would be very small.

*'Importuning' and 'Indecency'.* Leaving aside legal technicalities, offences involving adults in public are broadly divisible into importuning (or soliciting) and indecency. Importuning and soliciting have unfortunate connotations in that they are also applied to the client-seeking behaviour of female prostitutes. In fact, as Dr. Curran points out in his reservation to the Report, the number of male importuners who are out for financial gain is extremely small. The charge of importuning very often arises from discreet advances made by one man to another when the former suspects the latter of being an interested and willing fellow-homosexual: it is rarely based on indiscriminate and blatant self-advertisement or invitation.

The amount of offence caused by the behaviour construed by the law as 'importuning or 'indecency' is hard to assess. One's personal impressions, and those of colleagues canvassed on this point, are that even in London such behaviour is covert and inconspicuous unless one is on the lookout for it. Many of these crimes are trivial in terms of direct offence to the public, but they are invested with an aura of gravity because homosexuality *per se* is illegal.

*Offences in public lavatories.* Despite the watch maintained by plain-clothes police, public lavatories are much used by homosexuals wanting brief physical experience with other homosexuals. No doubt plain-clothes police are more likely to detect such offenders *in flagrante delicto* than uniformed constables, but the Report suggests that, for prevention, the more widespread use of the latter is desirable. The Report mentions, but at once dismisses, the suggestion that better lighting in W.C.'s might reduce the incidence of these offences.

*Promiscuity of homosexuals.* The problem of offences in W.C.'s and other public places between adults who are strangers to each other raises the wider question of the promiscuity of male homosexuals in general.

There is considerable weight of opinion in favour of the view that promiscuity is commoner among practising male homosexuals than among heterosexuals. Havelock Ellis (7) went so far as to say, 'It is extremely rare to observe a permanent liaison between two pronounced inverts'. Giese (9) in a study of 2,000 male and 100 female homosexuals found that the male members of his series, in contrast to the female, were usually incapable of stable relationships. Kinsey *et al* (14) wrote: 'Many of the [homosexual] males had been highly promiscuous, sometimes finding scores or hundreds of partners.'

In her valuable unpublished thesis, Renée Liddicoat (17) challenges these conclusions. She studied 50 male and 50 female homosexuals, all rating as predominantly homosexual (Kinsey 4–6) and all drawn from a normal population, as opposed to the psychiatric or prison sources from which most previous samples had been taken. Of her 50 male subjects, the mean duration of the longest-ever homosexual relationship was 4·8 years. Only 10 had failed to make, at some time or other, relationships lasting a year or more, while 22 said that they had had relationships lasting 5 years or more. The mean duration of the homosexual women's longest-ever relationships was 6·25 years.

Although contrary to the view that lasting relationships between male homosexuals are uncommon, Liddicoat's findings do not tell us whether these friendships were faithful and exclusive, nor whether in the same individuals phases of stability of choice alternated with others of great promiscuity. Among our male psychiatric patients with homosexual problems, some who could be rated highly promiscuous in the sense of having had many different partners said that they had also had sustained affairs with individuals of whom they were fond.

It has been suggested that promiscuity is an attribute only of certain economically deprived or psychiatrically disturbed homosexuals. Henry and Gross (11) found that 100 'under-privileged' homosexuals were more promiscuous than 100 homosexual men and women of higher occupational status. Within our series of male psychiatric patients, promiscuity was unrelated to social class, and the psychiatrically more abnormal were less promiscuous than the rest of the series.

The restless and repeated changing of partners may be interpreted on theoretical grounds as expressing the neurotic search for an unattainable unconscious ideal, or the fear of any deep or lasting relationship. At a behavioural level, however, promiscuity is characteristic of human male sexual drives, whether homosexually or heterosexually oriented. It is unreasonable to suppose that changes in the law, other social reforms, or provision of extra treatment facilities would result in the tidying-up of all male homosexuals into faithful pairs, or that widespread indulgence in the 'one night stand' would cease.

## Acts Between Adults and Boys

*Effects of Seduction.* On the question of whether seduction of young boys by adult men is likely to affect the main future sexual orientation of the former, the conclusions of Anderson (2) are representative of contemporary psychiatric opinion. Referring to 209 overt homosexuals seen in military psychiatric practice, he wrote: 'The anamnesis of most patients did not

suggest that homosexual assault during the pre-adolescent phase played a decisive part in the determination of sexual abnormality: however, there were a few in which the fact was of some importance in fortifying the homosexual tendencies that are ephemeral but universal phenomena in the adolescent.' Adverse effects on general personality development such as reinforcement of delinquent tendencies may, however, occur without there being any major sexual disturbance in the boy, particularly when his home background is unhappy.

As for the physical nature of the act, violence is not common. Lieberman and Siegel (18) gave the following analysis of 148 offenders against children under 14 (46 boys and 102 girls) in a U.S. mental hospital: masturbation and/or fondling 84 per cent; oral-genital 10 per cent; intercrural and other forms of intercourse 6 per cent. Comparable figures are not available in this country.

*Offenders against boys.* Practising homosexuals who prefer pre-pubertal boys tend to differ from adult-seeking homosexuals in the following respects: (i) more of them are bisexual, (ii) they are debarred from the socio-sexual group life of other homosexuals, (iii) they are much more reluctant to admit to others, or to themselves, the nature and extent of their indulgences.

*The 'Age of Consent'.* Any decision on the exact age at which acts between consenting partners should be free from legal prohibition could only be arbitrary. It is unfortunate, however, that in the various arguments in this connexion which the Committee lists, no reference is made to the fact that the biological appetite of the adolescent male (as inferred from total orgasmal frequencies) is higher (Kinsey, (13) ) than that at any subsequent age.

It seems paradoxical that the age of 21, when the individual is said in the Committee's words to become 'maturely responsible for his actions' should be the very age below which his homosexual behaviour is punishable in law. The Committee acknowledges this anomaly but does not, in the author's opinion, satisfactorily explain it away. Having accepted, as the Committee does, that the main sexual pattern is laid down in the early years of life, and probably by the age of sixteen, it seems unreasonable that provision should be made for prosecuting males between the ages of 18 and 21 for offences in private, as a means of securing for them probation or other forms of treatment for a homosexual condition. The fact that such prosecutions would be rare, and subject to the discretion of the Director of Public Prosecutions or the Attorney-General does not remove the illogicality or potential injustice of this proposal.

## Medical Reporting and Treatment

*Difficulties of Reporting.* The Wolfenden Committee took a conservative view on the controversial question of medical reporting on homosexual offenders. Among other objections to universal reporting, it pointed out that requests for such reports are already within the discretion of the courts, and that it would be impracticable to have them in all cases because of the numbers involved.

There are other difficulties. For example, the formal assessment of psychiatric status is only a part of what is required. The Court wants a prognosis in terms of criminal behaviour, and this prognosis is likely to be influenced by the pattern of similar behaviour in the past. The psychiatrist is here peculiarly dependent upon the honesty of the accused man, since the significance of undetected recidivism is so obvious that the offender can scarcely fail to perceive it.

To take a crude but realistic example, a man accused of interfering with a small boy may be found free of any associated psychiatric abnormality: he may say plausibly to the doctor that he has had impulses towards boys all his life but has almost always managed to restrain them until the recent occasion when in special circumstances he succumbed to temptation. Another offender, similarly placed, may also describe lifelong temptations but at the same time admit frequent and undetected indulgences in acts with boys for years. A psychiatrist examining both men and believing their stories might well feel that he should give a more favourable prognosis to the first offender; but, in so doing, he would be acting more as an arbiter of the veracity of unsworn testimony than as an expert assessing psychiatric abnormality.

*Scope of reports.* The Committee suggests that the objects of reports to the courts would be to indicate (*a*) responsibility, (*b*) prospects of treatment, and (*c*) the part (if any) which should be taken in such treatment by medical men.

In the narrowest legal sense homosexual offenders are more often than not responsible for their actions. The psychiatrist is, however, frequently in a position to draw the Court's attention to circumstances or stresses which are of relevance in mitigation or in prognosis.

On the prospects of treatment, it must be realized that doctors have difficulty in forecasting the course of many psychiatric disorders apart from sexual anomalies, even disorders which are unequivocally in the nature of disease or illness. Moreover, though few psychiatrists question the value to some patients of psychotherapy, its efficacy is essentially difficult to prove because of the many variables involved and the frequency of spontaneous change. It is unreasonable, therefore, to expect doctors to predict with any high degree of confidence the likelihood of change in criminal sexual behaviour as a result of therapeutic measures. Fortunately in practice the

phrase 'reasonable prospect of benefit' is accepted by the courts without probability being asserted.

*Aims of treatment.* So far as the law is concerned, successful treatment is that which results in the cessation of overt criminal behaviour, and even in the case of homosexuals rating Kinsey 6 (100 per cent. homosexual) despair need not be felt at Freud's (8) widely shared opinion: 'To undertake to convert a fully developed homosexual into a heterosexual is not much more promising than to do the reverse.' Normality of the sexual impulse is ideal, but increased continence and discretion without change of orientation are an acceptable alternative outcome of treatment.

So far as offenders with other adults are concerned, the objective is often as modest as that they shall not behave in such a way as to be caught again. This gives rise to a curious paradox in the present state of the law. Men caught indulging in mutual masturbation in public places are sometimes placed on probation with a condition of medical treatment. The psychiatrist treating such a case may find that his therapeutic efforts lead to the establishment by the patient of a stable friendship with another homosexual with whom he practises, in private and undetected, varieties of sexual acts including buggery. Socially this new behaviour is less undesirable than that which led to the conviction, but legally at present it is deemed more reprehensible, and even carries a maximum penalty of imprisonment for life. It is very much to be hoped that the law will be changed in such a way that therapeutic and legal objectives are more in harmony.

*Efficacy of treatment.* While some cases, particularly where there is a complicating psychiatric abnormality, require the full resources of a psychiatric team, in others as much may be achieved by measures such as a very short series of interviews, or simple environmental manipulations or adjustments.

Reports on the results of psychotherapy in non-penal cases vary. Curran and Parr (5), for example, found that there was no difference in the follow-up results of 25 homosexuals who received psychotherapy as compared with 25 not so treated. Allen (1), Stekel (21), and other writers, however, have taken a much more hopeful view of the prospects of treatment. Ellis (6) found that of 28 men with homosexual problems treated by between 5 and 220 therapeutic sessions, 18 (64 per cent.) were 'distinctly' or 'considerably' improved. Controlled series, and definitions of criteria of improvement, are generally lacking in such reports.

So far as criminal cases are concerned, two other recent publications are of more relevance. The Cambridge Survey compared the rate of reconviction within four years of groups of offenders dealt with by different methods. It showed that of 153 imprisoned, 30 per cent. were reconvicted; of 63 placed on probation without medical treatment, 29 per cent; and of 21 placed on

probation who were also given medical treatment, 33 per cent. The fact that these offenders were selected for one form of disposal rather than another means that these percentages are not comparable—a difficulty that always arises in this kind of analysis—but the figures are not encouraging. The Portman Clinic results (10) are analysed in more detail, but with a less complete follow-up, and the conclusion is drawn that treatment is generally successful in some measure with those who persevere in their attendances. Over a follow-up period of 1 to 3 years, only four of 81 homosexuals discharged after treatment were known to have had further convictions.

### Homosexuality in Scandinavia

Homosexual acts between adults over 18 in private and in normal circumstances are no longer illegal in Denmark and Sweden, while in Norway the law which still prohibits them is not now enforced. There is no evidence that these legal changes have released a flood of homosexual behaviour. On a recent W.H.O. study tour, the author was impressed by the absence of interest in the detection of acts in public places, which were felt by the police to be a minor problem best dealt with by the routine attention of their uniformed branch. Importuning was not felt to be a serious problem except in a special form by adolescent boys in Copenhagen, the subject of an interesting monograph by Police Inspector Jersild (12).

With regard to medical reporting, the emphasis was on very long and detailed reports (e.g. of 20 pages or more) by psychiatrists with direct responsibility to the courts. Those with whom the question was discussed felt that their position in this respect was quite clear to the accused, and that issues of professional confidence rarely arose.

The conclusions of Le Maire (15) on the efficacy of castration in carefully selected cases were widely supported. It was felt that voluntary submission to this operation was a humane alternative to indefinite captivity, more reliable in its effects than oestrogens, and less likely than formerly to produce secondary psychic disturbances now that prosthetic replacements of the testes are available.

### Some Opinions in Conclusion

(1) The prohibition of homosexual acts between adults in private has not been shown to serve any useful social purpose. Although prosecutions for such acts form only a small proportion of the total for all homosexual offences, there is no indication for their continuance.

(2) The amount of activity directed towards the detection of offences involving adults in public, and the scale of penalties in force at present are disproportionately high in relation to the actual nuisance caused. Removal of the prohibition on acts in private would be unlikely to stop such offences,

which are largely referable to the fact that promiscuity is a characteristic of many homosexual (as well as of many heterosexual) men.

(3) In view of the limited number of investigatory and therapeutic facilities. these should for the time being be concentrated mainly on the problem of offences against boys—rather than dissipated in routine attention to other and less important forms of homosexual misbehaviour.

## REFERENCES


(1) ALLEN, C. 1956. 'The Treatment of Homosexuality.' *Med. Press,* **235,** 441–449.

(2) ANDERSON, Ç. 1944. 'On Certain Conscious and Unconscious Homosexual Responses to Warfare.' *Brit. J. med. Psychol.,* **20,** 161–174.

(3) BOWMAN, K. M., and ENGLE, B. 1956. 'A Psychiatric Evaluation of the Laws of Homosexuality.' *Amer. J. Psychiat.,* **112,** 577–583.

(4) CALDER, W. 1955. 'The Sexual Offender: A Prison Medical Officer's Viewpoint.' *Brit. J. Delinq.,* **6,** 32.

(5) CURRAN, D., and PARR, D. 1957. 'Homosexuality: An Analysis of 100 Male Cases seen in Private Practice.' *Brit. med. J.,* 1957, i, 797–801.

(6) ELLIS, A. 1956. 'The Effectiveness of Psychotherapy with Individuals who have Severe Homosexual Problems,' *J. cons. Psychol.,* **20,** 191–195.

(7) ELLIS, H. 1931. 'Studies in the Psychology of Sex,' Vol. II. (Philadelphia).

(8) FREUD, S. 1920. 'The Psychoanalysis of a Case of Female Homosexuality.' *Int. J. Psycho-Anal.,* **1,** 125–149.

(9) GIESE, H. 1953. 'Psychopathology of Homosexual Partner Choice.' *Psychol. Abstr.,* No. 7895.

(10) GLOVER, E., (Ed.) 1957. 'The Problem of Homosexuality.' London: I.S.T.D.

(11) HENRY, G. W., and GROSS, A. A. 1938. 'Social Factors in the Case Histories of One Hundred Underprivileged Homosexuals.' *Ment. Hyg.,* (N.Y.), **22,** 591–611.

(12) JERSILD, JENS. 1953. 'Den mandlige Prostitution.' Copenhagen: Munksgaard.

(13) KINSEY, A. C., POMEROY, W. B., and MARTIN, C. E. 1948. 'Sexual Behaviour in the Human Male.' Philadelphia: Saunders.

(14) KINSEY, A. C., POMEROY, W. B., MARTIN, C. E., and GEBHARD, P. H. 1953. 'Sexual Behaviour in the Human Female.' Philadelphia: Saunders, p. 475.

(15) LE MAIRE, L. 1956. 'Danish Experience Regarding the Castration of Sexual Offenders.' *J. crimin. Law Criminol.,* **47,** 3.

(16) LEAROYD, C. G. 1954. 'The Problem of Homosexuality.' *Practitioner,* **172,** 360.

(17) LIDDICOAT, R. 1957. 'Homosexuality: Results of a Survey as Related to Various Theories.' University of the Witwatersrand: Thesis for Ph.D.

(18) LIEBERMAN, D., and SIEGEL, B. A. 1957. 'A Programme for " Sexual Psychopaths " in a State Mental Hospital.' *Amer. J. Psychiat.,* **113,** 801–807.

(19) PARR, D. 1957. 'Homosexuality in Clinical Practice.' *Proc. roy. Soc. Med.,* **50,** 651–654.

(20) RADZINOWICZ, L., (Ed.) 1957. 'Sexual Offences: A Report of the Cambridge Department of Criminal Science.' London: Macmillan.

(21) STEKEL, W. 1930. 'Is Homosexuality Curable?' *Psychoanalyt. Rev.,* **17,** 443–451.

# THE DIAGNOSIS AND TREATMENT OF HOMOSEXUAL OFFENDERS

*A Clinical Survey*

By MARY WOODWARD (London)

## Introduction

Appended to the evidence submitted to the Departmental Committee on Homosexuality and Prostitution by a joint committee of the I.S.T.D. and the Portman Clinic was an analysis of the diagnosis and treatment records of homosexual cases discharged from the Portman Clinic during 1952 and 1953. A more detailed examination of these records was subsequently made, and the amplified findings are repeated below.

The years 1952 and 1953 were chosen in order to allow a period of at least 18 months after discharge before follow-up data were gathered; most of the cases were referred between 1950 and 1953. As is usual with the case history method, there was not in every case information on every aspect it was desired to investigate, but only two cases were discarded because of insufficient data; the remaining 113 were complete in respect of the more essential points.

## Description of the Group

Ten of the 113 cases were juveniles, five of whom were under 14 years; another nine were aged 17 to 20 years. Of the remaining 94, who were aged 21 years and over, about half (45) were under 30 and another 26 were aged 30 to 40; five were over 60.[1] The majority of the Clinic cases were single; ten were married at the time of referral and six separated, widowed or divorced.

Education was not known in 29 cases; of the rest, six had had a higher education and five others had been to public schools, while three had been to teachers' training colleges and another 19 to grammar schools. Six had attended private schools and ten technical or central schools, only 39 having received no more than an elementary education. There is thus a greater incidence in the group of secondary and higher education than would be

[1] The age distribution of homosexual offenders before the Courts of England and Wales between 1950 and 1953 (indictable offences only) has 17 per cent. fewer in the 21 to 29 age group, 6 per cent. more in the 40–49 group and 7 per cent. more in the 50–59 age range; otherwise it is similar. Thus, in so far as this comparison is valid, the clinic group tends to be younger than convicted homosexual offenders in general.

expected in a group of heterogeneous offenders. To what extent this represents a real difference between homosexual and other offenders and to what extent it reflects selection for psychological examination is not certain. The intelligence test results of the 83 who were tested indicate a selected population with regard to intelligence; 18 were of superior ability on either the Wechsler-Bellevue or Matrices tests and 18 were above average; all but two of the rest were of average intelligence.

The reason for referral in 50 (38 per cent) cases was for a psychological report to the Court (five of them for Higher Courts). 26 cases were referred by Probation Officers after sentence, and three referred themselves; the rest came from various sources, including private doctors, welfare workers, Approved Schools and clinics. Nearly two-thirds of the group had appeared before the Courts only once on account of a homosexual offence when referred; about one quarter of the adults had had more than one previous conviction, though only seven had had three previous convictions for homosexual offences. Eleven of the adults and six of the juveniles had not appeared before the Courts at all on account of homosexual offences, but three of these adults and three of these juveniles had previous convictions or findings of guilt for offences against property. Altogether four juveniles had previous findings of guilt for property offences, three of them having had two or more Court appearances for this type of offence. There were in all nine adults who had previous convictions for offences against property; five were recidivists, the two most persistent offenders having 7 and 12 previous convictions respectively. Only one homosexual offender had a previous conviction for a different type of sexual offence (exchanging indecent letters.) The homosexual offence at the last Court appearance was importuning in 49 per cent. of the cases, gross indecency in 23 per cent. and indecent assault on males in 26 per cent. Among 96 cases charged with homosexual offences and received into Brixton Prison in 1946 on remand or awaiting trial, Taylor[2] reports a smaller incidence of importuning (25 per cent.) and a higher incidence of indecent assault on boys (41·7 per cent.), the frequencies of gross indecency and buggery being 17·7 per cent. and 10 per cent. respectively.

Probation was the most frequent form of disposal in the clinic group, occurring in 45 per cent. of the 162 convictions. 18 per cent. of the convictions had led to a prison sentence.

Only 15 of the 113 cases (13·3 per cent.) were exclusively homosexual, the rest being attracted to both sexes.[3] Kinsey[4] estimated the incidence of

[2] Taylor, F. H. 1947. 'Homosexual offences and their relation to psychotherapy.' *British Medical Journal*, II. 1947, 525–529.

[3] These cases are referred to as 'bisexual' throughout this paper.

[4] Kinsey, A. C., Pomeroy, W. B., and Martin, C. E. 'Sexual Behaviour in the Human Male'. Philadelphia and London, 1948, p. 638.

exclusive homosexuality in the U.S. white population to be 4 per cent. and of some overt homosexual experience between adolescence and old age to be 37 per cent., the incidence of exclusive homosexuals among all homosexuals thus being 10·8 per cent., which is only slightly below the incidence in the present group. Among the bisexuals of the present group 46 had had overt sexual experiences with both sexes and 42 only with males; one was active only with females and four were not active with either sex.

The cases have been rated for degree of homosexuality in accordance with Kinsey's 7-point heterosexual-homosexual rating scale. This classification is based on overt experience and on interest, with categories as under:

0. Exclusively heterosexual with no homosexual
1. Predominantly heterosexual with only incidentally homosexual
2. Predominantly heterosexual but more than incidentally homosexual
3. Equally heterosexual and homosexual
4. Predominantly homosexual but more than incidentally heterosexual
5. Predominantly homosexual but incidentally heterosexual
6. Exclusively homosexual.

In nine of the Clinic cases, four of them juveniles, the available data are insufficient for a rating to be made; the remaining 104 cases are distributed in the Kinsey categories as in Table 1. (The data in the files are not as detailed as Kinsey's, and the rating has accordingly been made for the whole period since puberty and not for a period of three years as in the Kinsey survey. The classification into the Kinsey categories is thus more useful as an indication of the degree of homosexuality and heterosexuality *within* the group than as a basis for the comparison of incidences with other groups.)

TABLE I

*Distribution of cases in Kinsey categories*

| *Rating* | *N* | % |
|---|---|---|
| 1 | 11 | 10·6 |
| 2 | 15 | 14·4 |
| 3 | 18 | 17·3 |
| 4 | 18 | 17·3 |
| 5 | 27 | 26·0 |
| 6 | 15 | 14·4 |
| | 104 | 100·0 |

The homosexual activity was mutual masturbation in 46 cases, and anal intercourse was the chief current activity in 20 cases. There was other genital activity in 17 cases, fellatio in two, non-genital physical activity in one case, and no erotic activity in four cases. (There is no information on this point in the remaining cases.) The sexual activity with females of those classified as active with both sexes had extended to sexual intercourse at some time.

The data are incomplete in respect of the age of conscious awareness of homosexual attraction, but information on the age of the onset of overt homosexual activity is available in all but six cases. This has been dated from the first consenting participation in homosexual activity and not from the age of being the subject of a homosexual assault in cases where this occurred. 37 per cent. of the group had begun overt homosexual activity before the age of 15 and another 23 per cent. by the age of 19 years; 19 per cent. had started between 20 and 29 years and the rest were over 30 years, four of them being over 60. Nearly two-thirds had thus begun homosexual activities before the age of 20 years.

The length of the period of homosexual activity, which will naturally bear some relation to the age of onset and to the age of the subject, was under one year for 20 per cent. of the group, of whom two were juveniles, and more than 10 years for 42 per cent. of the sample. Excluding the five who had not been overtly homosexual, or at least only made unsuccessful attempts at importuning, there were 10 who had had only one isolated homosexual experience and another 11 who had been only sporadically active; 73 were persistently active.

Five of the juveniles had juvenile objects, four had homosexual relations with adults and the remaining one with both. Of those aged 17 and over, 75 at the time of referral had homosexual relations with adults, 20 had only juvenile objects and two had both adult and juvenile partners.

TABLE II

*Incidence of mental disorder or defect*

| | N. |
|---|---|
| Psycho-neurosis | 26* |
| Psychosis | 2 |
| Psychopathic personality | 11 |
| Organic cerebral condition | 3 |
| Mild neurotic trends | 13 |
| Low intelligence (I.Q. below 85) | 2 |
| Apparently none | 56 |
| | 113 |

* One of these was also psychopathic.

The incidence of various mental disturbances in the group is as in Table II, from which it may be noted that 23 per cent. of the group were neurotic and about 8 per cent. were diagnosed as psychopathic; psychosis was diagnosed in two cases and an organic cerebral condition in three cases. None was mentally defective and only two were dull.

### Prognosis and Recommendations

Prognosis was good in 33 cases, fair in 36, doubtful in 23 and poor in 18. (No information in four cases). It tended to be significantly better where the heterosexual interest was more dominant and worse in the predominantly homosexual cases ($\chi^2 = 9{\cdot}8$, p·05 to ·02, for 4 d.f. when a comparison is made of the frequency of a good, of a fair and of a doubtful or poor prognosis among cases rated 1 or 2, 3 or 4, and 5 or 6, on the Kinsey rating scale). Among the 85 cases for which type of aim and prognosis were known, the aim of anal intercourse was given a worse prognosis (58 per cent. doubtful or poor) significantly more often than other types of aim (26 per cent. doubtful or poor) ($\chi^2 = 6{\cdot}89$, p. between ·01 and ·001, 1 d.f.). Only one of the psychopathic cases and none of the organic cases was given a good prognosis, in which category were 8 of the 25 neurotic cases and 38 per cent. of those with no mental disorder. Although cases of sporadic overt homosexuality were more frequently given a better prognosis than the persistently overt cases, this difference was not statistically significant; similarly the expectancy that a good prognosis would be more frequent in the younger age group was not borne out by the figures. These factors are probably only important when other conditions such as personality and degree of homosexuality are favourable.

A recommendation for treatment at the Portman Clinic was made in 92 cases and at a clinic nearer the patient's home in five cases; treatment was not recommended in 14 cases, and two were to be re-assessed for treatment at a later date. The cases not recommended for treatment tended to be either non-neurotic cases of an isolated homosexual episode with a good prognosis, or persistent cases with an extremely poor prognosis and a likelihood of uncooperativeness in treatment (e.g. an exclusive homosexual of 37 years who was satisfied with his position as a homosexual and another of 27 years in a mental hospital whose homosexuality appeared to be the outcome of his schizophrenic illness). Unless there was some such complication, exclusive homosexuals were not less frequently recommended for treatment than bisexuals. Only one of the neurotic cases and two of the psychopathic cases were not recommended for treatment.

## Results of Treatment

*A. Co-operativeness.* Of the 92 cases recommended for treatment at the Portman Clinic, 81 were in fact treated, but treatment was taken to a conclusion in only 48 of these cases. Of the 11 who were recommended for treatment and did not come, four were prevented by external circumstances (removal to another part of the country, call-up for National Service and a 3-year prison sentence for a charge which was pending); in two of the other cases a communication was made to the clinic and the deferment of treatment agreed by the therapist, but in the remaining five cases the patient just did not appear for appointments which were made.

Eleven more broke off treatment after 1–3 sessions and another three after 4–5 sessions. One of these 14 patients was moving and another going abroad; in three more the therapist agreed to discontinuing treatment, and one who was at an Approved School was sent to an institution for mental defectives as the result of further absconding and larcenies. The remaining eight broke off without notice. It was subsequently discovered that two, who already had several previous convictions for offences against property, did not attend because they had committed further offences and were sent to prison.

Three others with whom no progress was being made were discharged as unco-operative after 6, 8, and 31 sessions respectively.

Treatment made some headway but was not completed in 13 cases. The reason was call-up for National Service in two cases and a transfer to a clinic nearer home in a third case. A fourth who failed appointments was subsequently found to have gone abroad, after which there was no trace of him. Illness was the cause of the break in two cases: chronic physical ill-health genuinely prevented the keeping of appointments in one case, but in the second, in which there was resistance, the illness was used as an excuse to break off altogether. One wanted to break off the treatment when he became unemployed and another because of difficult working hours, and in another case the treatment was discontinued when the therapist left the clinic. The reason in another case was a further offence and a short prison sentence, after which the patient lost his job and did not continue treatment. The treatment in another case was interrupted by three suicidal attempts and subsequent hospitalization, and did not continue after the third attempt. One discontinued treatment when he joined a religious sect; of the last one there was no trace. Treatment may also be regarded as incomplete in three cases which ended in a stalemate.

In view of the large number who failed appointments before or soon after treatment began, it may be of value to examine the differences between those

TABLE III

*Comparison of cases with satisfactory and unsatisfactory conclusion of treatment*

| | (1) *Unsatisfactory 0–5 sessions* | (2) *Unsatisfactory >5 sessions* | *Totals of (1) and (2)* | (3) *Satisfactory* | *Totals of (1) (2) and (3)* |
|---|---|---|---|---|---|
| Bisexual | 10 | 9 | 19 | 63 | 82 |
| Homosexual | 4 | 1 | 5 | 5 | 10 |
| | 14 | 10 | 24 | 68 | 92 |
| Neurotic | 3 | 4 | 7 | 18 | 25 |
| Psychopathic | 4 | 1 | 5 | 3 | 8 |
| Organic | 0 | 0 | 0 | 3 | 3 |
| Psychotic | 0 | 0 | 0 | 1 | 1 |
| Mild neurotic trends | 2 | 1 | 3 | 6 | 9 |
| No disorder | 5 | 4 | 9 | 37 | 46 |
| | 14 | 10 | 24 | 68 | 92 |
| Sporadic | 1 | 1 | 2 | 16 | 18 |
| Persistent | 11 | 7 | 18 | 45 | 63 |
| | 12 | 8 | 20 | 61 | 81 |
| *Number of homosexual convictions:* | | | | | |
| 0 | 3 | 0 | 3 | 9 | 12 |
| 1 | 10 | 9 | 19 | 38 | 57 |
| 2 | 1 | 1 | 2 | 15 | 17 |
| 3 | 0 | 0 | 0 | 6 | 6 |
| | 14 | 10 | 24 | 68 | 92 |
| *Number of convictions for property offences:* | | | | | |
| 0 | 9 | 10 | 19 | 63 | 82 |
| 1–2 | 1 | 0 | 1 | 4 | 5 |
| 3+ | 4 | 0 | 4 | 1 | 5 |
| | 14 | 10 | 24 | 68 | 92 |
| *Length of habit:* | | | | | |
| Under 1 year | 3 | 1 | 4 | 10 | 14 |
| 1–4 years | 3 | 1 | 4 | 12 | 16 |
| 5–9 years | 1 | 2 | 3 | 14 | 17 |
| 10+ years | 6 | 4 | 10 | 29 | 39 |
| | 13 | 8 | 21 | 65 | 86 |

who either came regularly for treatment which was taken to a conclusion or who failed treatment with a good reason and those who, without adequate reason, failed appointments or discontinued treatment. This comparison is made in Table III. Column 1 consists of the five who failed the first appointment without a satisfactory reason and the nine who broke off treatment with

no adequate reason after 1–5 sessions. The 10 in column 2 includes the three who were discharged as unco-operative and seven of the 13 whose treatment was not completed, the reason for breaking off being unsatisfactory. The 68 in column 3 comprises the 48 whose treatment was taken to a conclusion, the remaining six of the 13 whose treatment was not completed (by agreement or with an adequate reason), the 11 who had a satisfactory reason for not attending for the first appointment or after the first few sessions and the three whose treatment ended in a stalemate.

The numbers in Table III are too small for any definite conclusions to be drawn; nevertheless there are certain interesting differences which might be confirmed in a larger group. Of the 24 whose treatment was unsatisfactorily broken off, five were exclusively homosexual, compared with five out of 68 whose treatment was taken to a conclusion or interrupted with agreement; the group who broke off treatment after less than five sessions contained four of the five confirmed homosexuals and a disproportionate number of psychopathic personalities. Only two of the 20 cases of unsatisfactorily interrupted treatment were sporadically overtly homosexual compared with 16 of the 61 whose treatment was satisfactorily concluded although the length of the period of overt homosexuality bears little relation to the satisfactory conclusion of treatment. The above differences are not statistically significant but this does not rule out the possibility of significance with larger groups. The difference between the two groups in the incidence of cases with two or three homosexual convictions (two of the 24 unsatisfactory cases compared with 21 of the 68 satisfactory cases) is, however, statistically significant ($\chi^2 = 4{\cdot}83$, p. between ·05 and ·02 for 1 d.f.). It seems, therefore, on the basis of these figures and a qualitative examination of the cases, that the homosexual who, from the Court point of view, might appear to be the more serious case is no less co-operative in treatment than first offenders and is more co-operative than those who, before the Courts for the first time, are satisfied with their situation as homosexuals or have the complication of psychopathic traits. The persistent property offenders, on the other hand, occur more frequently among those whose treatment was not concluded; four of the five with three or more convictions for property offences either failed the first appointment or failed to attend after one or two sessions, in three cases by reason of further property offences and arrest or disappearance to avoid arrest. In one case (with seven prison sentences by the age of 29 years) inability to accept the fact of his homosexuality appeared to have led to the numerous offences as a means of obtaining money since he was unable to adjust to working with what he called ' normal people '.

In two of the three cases which ended in a stalemate, there was superficial co-operativeness in the form of regular attendance, but with little internal

pressure; in the third case the patient's wish to end treatment was agreed since the loss of all conscious sexual desire after the Court appearance had resulted in no progress being made in treatment.

*B. Result of Treatment.* In considering the results of treatment, those cases in which the treatment was taken to a conclusion have been dealt with separately from those whose treatment was interrupted. The number of sessions and the period of treatment of these two groups are indicated in Table IV. (Those who failed to attend after 1–5 sessions have been excluded from the incomplete treatment group).

TABLE IV

*Number of sessions and length of treatment*

| | *Treatment interrupted* | *Treatment completed* | *Totals* |
|---|---|---|---|
| *Number of sessions:* | | | |
| Under 10 | 8 | 12 | 20 |
| 10–19 | 6 | 12 | 18 |
| 20–29 | 0 | 9 | 9 |
| 30–49 | 1 | 6 | 7 |
| 50–89 | 1 | 3 | 4 |
| 90–129 | 0 | 4 | 4 |
| 130–169 | 0 | 1 | 1 |
| Not known | 0 | 1 | 1 |
| | 16 | 48 | 64 |
| *Length of treatment:* | | | |
| Under 6 months | 7 | 6 | 13 |
| 6 months to under 1 year | 3 | 17 | 20 |
| 1 year to under 2 years | 6 | 8 | 14 |
| 2 years to under 3 years | 0 | 10 | 10 |
| 3 years and over | 0 | 6 | 6 |
| Not known | 0 | 1 | 1 |
| | 16 | 48 | 64 |

Psychotherapy alone was the method used in all but five cases which were also treated with the hormone method. (Of the 14 who discontinued treatment after 1–5 sessions, three were having hormone treatment, the rest psychotherapy).

It is naturally not to be expected that treatment would result in all cases in a loss of the homosexual impulse. As can be seen from Table V, this occurred in only 29 cases, though the 31 who achieved greater control or acted with greater discretion, with or without a diminution of the homosexual impulse, may be considered to have benefited from treatment, particularly from the point of view of criminality, if not from the medical standpoint of cure. Thus only four cases were failures, though the case in which the Court appearance was followed by a loss of all conscious sexual

desire should also perhaps be regarded as unsatisfactory with a possible risk of further offences. As might be expected, treatment resulting in a loss of the homosexual impulse had, with one exception, been completed.

TABLE V
*Result of Treatment*

| | *Treatment interrupted* | *Treatment completed* | *Total* |
|---|---|---|---|
| (1) No homosexual impulse and increased heterosexual interests and activity . . . . | 0 | 7 | 7 |
| (2) No homosexual impulse . . . . | 1 | 21 | 22 |
| (3) Homosexual impulse present but diminished, and increased heterosexual interest . . | 2 | 3 | 5 |
| (4) (*a*) Homosexual impulse diminished, control greater . . . . . | 7 | 7 | 14 |
| (*b*) Homosexual impulse still strong, control greater . . . . . | 2 | 4 | 6 |
| (*c*) Homosexual impulse still strong, discretion | 1 | 4 | 5 |
| (5) Repression . . . . . | 1 | 0 | 1 |
| (6) Unchanged . . . . . | 2 | 2 | 4 |
| | 16 | 48 | 64 |

In Table VI, cases with varying results are compared for various characteristics but, apart from the expected absence of exclusive homosexuals among the groups with a loss of the impulse, there are few marked trends. There is a suggestion that, if larger numbers were examined, the disposal of probation, a shorter history of overt homosexuality and a lesser degree of homosexual interest might be found to be significantly related to a treatment result of the loss of the impulse, but age and frequency of the activity appear, by themselves, to be of little importance. Qualitative examination of the cases in fact reveals that, when other conditions are favourable, a loss of the impulse can occur with older patients and those who have been persistently active.

Six of the seven who ended with a loss of homosexual interest and increased heterosexual activity, however, were under 30 years of age, and five of them had not become active until their late 'teens, with a length of habit ranging from a few months to seven years, the sixth, aged 22, with a 10-year habit, having only occasionally engaged in overt homosexuality, the heterosexual interest always having been the greater. The remaining one of these seven cases was 34 years old on referral, but although homosexual attraction dated from his adolescence, he had not become actively homosexual until he was 30. Furthermore his treatment lasted for two years; only two of the three cases with neurotic complications among the other six had such long periods of treatment. All the seven were co-operative in treatment and regular in attendance.

TABLE VI

*Result of Treatment and Various Factors*

| | *No homosexual impulse: increased heterosexual interest* | *No homosexual impulse* | *Homosexual impulse diminished* | *Homosexual impulse strong: control or discretion* | *No change* |
|---|---|---|---|---|---|
| Age <30 years | 6 | 8 | 13 | 2 | 2 |
| 30+ years | 1 | 14 | 6 | 9 | 2 |
| Homosexual | 0 | 0 | 1 | 3 | 2 |
| Bisexual | 7 | 22 | 18 | 8 | 2 |
| Kinsey scales: | | | | | |
| 3–6 | 4 | 8 | 9 | 9 | 4 |
| 1–2 | 3 | 13 | 6 | 2 | 0 |
| Habit: | | | | | |
| <7 years | 5 | 13 | 7 | 1 | 1 |
| 7+ years | 2 | 9 | 10 | 10 | 3 |
| Homo. conv.: | | | | | |
| 0 | 0 | 0 | 4 | 1 | 0 |
| 1 | 6 | 14 | 10 | 4 | 3 |
| 2+ | 1 | 7 | 5 | 6 | 1 |
| Activity: | | | | | |
| Sporadic | 2 | 9 | 4 | 1 | 0 |
| Persistent | 5 | 13 | 13 | 10 | 4 |
| On probation | 5 | 14 | 7 | 5 | 1 |
| Not on probation | 2 | 8 | 13 | 6 | 3 |

The eleven who finished treatment still with a strong impulse, but with control or discretion also, formed (with two exceptions) a uniform group. These nine were over 30 years old, the eldest being 52; all were more attracted to males than females, two being exclusive homosexuals and eight of them having a habit of frequent overt homosexual activity for eight years or more. Among them were four neurotics and one with an organic cerebral condition. Five had two or three convictions. The ninth case had not a long history of homosexuality, his only attempt at seducing a boy having resulted in his first conviction and referral to the clinic, though he had a previous history of fetishism in relation to boys' clothing. Of the two younger cases in this group of 11, one was an exclusive homosexual who had begun activity at the age of 9, with a habit of 17 years, and had had two convictions; the case was not complicated by neurosis, psychopathy, heavy drinking, etc. The other was similar, apart from being bisexual, with the homosexual interest predominant. Three different groups make up the 22 who ended treatment with a loss of the homosexual impulse but without an increase in heterosexual attraction

and activity. Eight were over 30 years of age at referral, though with only a short history of overt homosexuality (under five years), some with only one episode (attraction to females was greater in five cases). One was neurotic and three heavy drinkers, one of these also being neurotic and another in a pre-senile state. Those with complications again tended to have longer periods of treatment. The six cases in the second group were also over 30 years at referral, though with a longer history, having become active in adolescence; all needed relatively long periods of treatment (11 months to 3¼ years) in which all were co-operative. Two were neurotic and one psychopathic. The remaining eight of the 22 were under 30 years and were a very varied group, as regards age of onset, length of habit, and persistence; all were co-operative.

The nineteen who ended treatment with a diminished homosexual impulse and either increased heterosexual interest or greater control, were also a mixed group, though 13 were under 30 years in age, seven of them having a habit of less than five years duration, and six of more than eight years, one of the latter being exclusively homosexual; three of the former were neurotic and one psychopathic. Five of the nineteen were aged between 30 and 45 with a long habit dating back to adolescence. The remaining one was 63 years and had not been overtly homosexual.

The four who were unchanged at the end of treatment had in common a long habit and complications. One who was aged 48 years was psychopathic, exclusively homosexual, and a heavy drinker with a habit of 35 years, going back to adolescence. He had a second court appearance after treatment which led to his first prison sentence. Another was also exclusively homosexual and a heavy drinker, who discontinued treatment (aged 35). A third was 29 years old, having been persistently active since adolescence and, though bisexual, content to remain as he was. The fourth unchanged case was 22 years old at referral, persistently active since adolescence, and was convicted again during treatment. When the case was followed up he was found to have committed suicide.

### Result of Follow-Up

Unfortunately, it is not possible from the follow-up information, where this is available, to estimate whether the improvement from therapy was maintained, and the success of treatment in a number of cases can be judged only by the occurrence or presumed absence of further convictions. The last follow-up of the cases was done during 1955, so that it was at least one year after discharge in all cases and three years in some. In 40 cases, however, either no reply was received, or the person referring the patient had had no contact with him since referral. (One of these had had a new conviction

during treatment). In 34 cases the Probation Officer had heard nothing of the patient after the end of the probation period, but since they had not been asked by any Court for details of the patient, it may probably be assumed that the patient had not appeared before the Courts again. (One of these had a new conviction during treatment). 28 of these 34 completed the probation period satisfactorily and four were unsatisfactory. (This information was not given in two cases.) In six cases of subsequent convictions (five of which led to prison sentences) the referee gave details of the new charge but had had no further contact thereafter. There was more recent contact by someone in 33 cases, with information as in Table VII.

TABLE VII

*Result of follow-up where contact is recent*

| | *N* |
|---|---|
| In no further trouble or satisfactorily settled* | 16 |
| Still under treatment | 5† |
| New conviction and prison sentence: no later convictions | 1 |
| On probation (new conviction) | 1 |
| In Borstal Institution | 1 |
| In Approved School (new Court appearance for breaking and entering) | 1 |
| Still in mental hospital | 1 |
| In institution for mental defectives (new convictions) | 1 |
| Committed suicide | 1 |
| Disappeared while on probation, not yet found | 1 |
| Behaviour at home unsatisfactory | 1 |
| In Forces (behaviour satisfactory) | 3 |
| | 33 |

* One had a new conviction during treatment.

† Three cases were re-opened at the Portman Clinic on release from prison; two were being treated elsewhere as the result of later convictions.

A new conviction or finding of guilt since referral had occurred in 19 cases in all, for homosexual offences in 11 cases, breaking and entering or larceny in three cases, repeatedly absconding from an Approved School and stealing in one case and breach of probation by going abroad in another. The charge was not known in the remaining cases. Some of these convictions have already been mentioned as terminating treatment, and others occurred during treatment without ending it. This leaves eight occurring since discharge, five for homosexual offences, one for breaking and entering, and two for offences which are not known. Four of these cases were not treated at the clinic; of the remaining four, treatment had not been completed in three cases, being interrupted in two cases by call-up for National Service and by a transfer to a clinic nearer home in the third case. The fourth case

of a subsequent conviction after discharge from treatment was a confirmed homosexual who was psychopathic and a heavy drinker, having been classified as unchanged at the end of treatment. In the remaining cases for which there are follow-up data treatment may be presumed to have been successful at least to the extent of avoiding further Court appearances. Fuller details of the follow-up result of those treated and untreated, together with the result at the end of treatment, are given in Table VIII.

TABLE VIII

*Result of follow-up, recommendation and result of treatment*

| | *Recent contact. No further trouble* | *No report requested from P.O. by any Court* | *New homo-sexual offence since last attendance* | *Other* | *No contact* | *Totals* |
|---|---|---|---|---|---|---|
| Treatment not recommended | 3 | 4 | 3 | 1* | 5 | 16 |
| Treatment received elsewhere | 0 | 2 | 1 | 0 | 2 | 5 |
| Did not attend | 0 | 0 | 1 | 1† | 9 | 11 |
| Broke after 1–5 sessions | 1 | 1 | 2 | | 10 | 14 |
| Discharged as unco-operative | 0 | 2 | 0 | 1† | 0 | 3 |
| *Treatment interrupted:* | | | | | | |
| No impulse | 0 | 0 | 0 | | 1 | 1 |
| Impulse present | 3 | 4 | 3 | 1‡ | 1 | 12 |
| Repression | 1 | 0 | 0 | | 0 | 1 |
| Unchanged | 1 | 0 | 0 | 1‖ | 0 | 2 |
| *Treatment Completed:* | | | | | | |
| No impulse | 5 | 14 | 0 | | 9 | 28 |
| Impulse present | 5 | 6 | 0 | 1† | 6 | 18 |
| Unchanged | 0 | 1 | 1 | | 0 | 2 |
| Totals | 19 | 34 | 11 | 6 | 43 | 113 |

* Still in mental hospital. ‖ Committed suicide. † Case re-opened at Portman Clinic. ‡ Juvenile, no homosexuality, but behaviour at home unsatisfactory.

## SUMMARY AND CONCLUSIONS

1. An analysis has been made of the diagnostic and treatment records of 113 homosexuals referred to the Portman Clinic and discharged during 1952 and 1953.

2. In 38 per cent. of the cases a psychological report to the Court before sentence was requested.

3. 15 per cent. had not appeared before the Courts on account of homosexual offences. About one quarter had been convicted more than once for a homosexual offence; 11.5 per cent. had convictions for offences against property.

4. 49 per cent. were charged with importuning, 23 per cent. with gross indecency and 26 per cent. with indecent assault on males.

5. 15 cases were exclusively homosexual; of the rest 57·7 per cent. were more strongly attracted to males than females.

6. 37 per cent. had begun overt homosexual activity before the age of 15 years, two-thirds being active by 20 years.

7. The period of active homosexuality was under one year for 20 per cent. of the group and more than 10 years for 42 per cent.

8. Half of the juveniles had juvenile objects, and 73 per cent. of those aged 17 years and over had adult objects.

9. Neurosis was diagnosed in 20 cases, and psychopathy in 11 cases, pyschosis in two and an organic cerebral condition in three cases.

10. Prognosis was good in 33 cases, fair in 36, doubtful in 23 and poor in 18, a better prognosis occurring significantly more often in cases where the heterosexual interest was more dominant; a worse prognosis was significantly associated when the aim was anal intercourse. Age and frequency of the activities were not significantly related to the kind of prognosis.

11. 92 cases were recommended for treatment at the Portman Clinic. 81 of them were treated, though the treatment was taken to a conclusion in only 48 of these cases. 21 of those who either failed the first appointment or did not come shortly after treatment had begun had not a satisfactory reason for not attending, and often did not notify their intention of not coming.

12. The number of sessions ranged from 1 to 169; in 33 cases the treatment lasted for one year or less, in 17 for two years or more.

13. Psychotherapy alone was used in most cases, eight also having hormone treatment.

14. The therapy resulted in a loss of the homosexual impulse in 29 cases, in a diminished impulse in 19 and a still strong impulse but with greater control or discretion in 11 cases; only four were unchanged.

15. Follow-up information could not be obtained in 40 cases. 19 cases were known to have had no further convictions and this assumption was made in 34 cases in which the Probation Officer had not received a request for a report from any Court.

16. 11 convictions for homosexual offences since referral and eight for other offences were known. Only four were convicted after discharge from treatment, which in three cases had been interrupted before conclusion and in the fourth case had produced no change.

17. Conclusions drawn from a small group are necessarily tentative; bearing in mind that the generalizations are made from a small number of cases, the following conclusions may be drawn from this study:

(*a*) Among homosexuals who failed to attend at all or broke treatment after a few sessions without notice or an adequate reason, there were disproportionate numbers of exclusive homosexuals and psychopaths; those with

two or three convictions for homosexuality tended more often to be more co-operative in treatment than those with one conviction or none, whereas homosexuals who were persistent property offenders were, in this group, unsatisfactory.

(*b*) Treatment appears to be most successful (resulting in a loss of the impulse) with bisexuals who are under 30 years in age, who have not started overt homosexuality until their late 'teens and have not a very long habit of activity. This result can, however, be achieved with older patients who have a short history of homosexual activity and even among those with a longer habit dating from adolescence, providing they are co-operative and can be given treatment over a long period.

(*c*) Although the strength of the homosexual impulse is little diminished, behaviour can be changed in the direction of greater control or discretion among older homosexuals with a long history of persistent activity.

(*d*) When a long habit is combined with psychopathic personality, heavy drinking, or lack of desire to change, treatment tends to be unsuccessful, whatever the age of the subject.

# RESEARCH AND METHODOLOGY

## Homosexuality, Neurosis and "Normality": A Pilot Study in Psychological Measurement. [1]

One of the major obstacles to the understanding of homosexual behaviour is a lack of objective and yet meaningful psychological measurements in this field. Ideally such measurements should be capable of determining both the direction of sexual attraction and the relative strength of the various attributes of personality which would distinguish between homosexual and heterosexual subjects; in this way they should also be able to reveal the dynamics of homosexual behaviour. Although there is a certain amount of exact data on the anatomical and physiological peculiarities of certain groups of homosexuals, it appears that the main problems in terms of 'causation' (which I regard as a hypothetical construct rather than a fact) and treatment lie in the field of psychodynamics rather than psychophysics. As is usual in psychology, we have a choice between great precision in meaningless measurements and a great deal of meaning ascribed to vague and subjective observations.

In a recent survey of the existing psychological tests (3) it was concluded that no exact measures of the direction of sexual attraction are available at present; more precise data exist with regard to the peculiarities of the homosexual's attitudes, behaviour and personality traits, but the concepts of psychological masculinity and femininity are not always clearly understood. The existing evidence shows that the homosexual is not simply a man behaving like a woman, and that

[1] See also Current Research, LIII, *Brit. J. Delinq.*, VIII, 1, p. 62.

psychological masculinity is a more complex concept than the difference between the psychological characteristics of the male and the female sexes.

The same survey reported a study in which a group of 30 neurotic male homosexuals and a group of 203 male subjects with no known history of neurosis or sexual maladjustment were tested by means of the Dynamic Personality Inventory (1, 2). A number of important differences in personality structure emerged, but the investigation centred on two, which, on theoretical grounds, appeared to reveal the distinguishing characteristics of male homosexuals: the homosexual group scored significantly higher than the controls on narcissism ($P < \cdot 01$) and on femininity ($P < \cdot 001$). Femininity was defined as the difference between the scores on feminine and masculine identifications, patterns of interests and social rôles. In the homosexual group the usual pattern of interests was reversed, and similar to that of normal women. On narcissism the homosexual group also approached the scores of normal women.

Both these and other differences between the two male groups were open to serious doubt on methodological grounds: the two groups differed in respect of both homosexuality and neurosis, and it was not clear which of the characteristics of the homosexual group were due partly or wholly to their being also a neurotic group. The present study aims at throwing some light on this problem.

In this enquiry a group of 20 male neurotics with known histories of homosexual behaviour was compared with 22 male neurotics without any evidence of homosexuality, and with 33 men and 42 women who showed no evidence of either homosexuality or neurosis They all took the Dynamic Personality Inventory in full, but were scored and compared only on the scales which had revealed significant personality differences between men and women (3). It had been found that women tend to score higher on scales Wp (passivity, need for comfort, warmth and support), Od (emotional dependence), Pn (narcissism), F (feminine identification) and C (interest in children); men score higher on scales OA (oral aggression), Ov (verbally expressed aggression), Ou (unconventionality), Aa+As (authoritarianism), Pa (psychophysical drive), Pi (adventurousness), S (acceptance of sexuality), M (masculine identification), SA (social activities) and EI (initiative, self-reliance and leadership aspirations).

The results of this enquiry were as follows.

The neurotic homosexuals did not differ from the other neurotics in respect of oral aggression, verbally expressed aggression, or unconventionality, their scores being intermediate between those of normal men and normal women. Their interest in children was in fact no more than that of normal men and considerably less than that of women. They were also similar to other neurotics with respect to authoritarianism, adventurousness and interest in social activities. On the EI scale, measuring ego strength in terms of initiative, self-reliance and leadership aspirations, and on the S scale, measuring acceptance of sexual impulses vs. their suppression, they scored considerably lower than normal men and even somewhat lower than normal women, but still slightly higher than other neurotics. Thus the only scores which appeared to differentiate them from non-homosexual neurotics as well as from normal men were on the scales Wp, Od, Pn, Pa, M and F. All of these differences were tested for significance.

On the Wp scale (passivity and need for warmth, comfort and support) the homosexual group scored higher than all other groups studied, including women;

their scores were significantly higher than those of other neurotics ($P < \cdot 05$). They also scored higher than the other groups on Oral Dependence, but in this case the difference between them and the neurotic group did not achieve statistical significance; this result may be due to the fact that the neurotic group had a wide scatter of scores on this scale, some patients being over-dependent on parents and parental substitutes, while others reacted against their dependence and were unable to sustain deep emotional relationships with anyone.

Nor did the difference between the homosexuals and the other neurotics quite reach statistical significance on psychophysical drive (Pa scale); both groups scored lower than normal men (the homosexuals significantly so). It is likely that a lack of drive is related to both homosexuality and neurosis, and further investigation, with larger and well matched samples, would be worth undertaking.

The remaining differences, on feminine narcissism (Pn), masculine identification (M) and feminine identification (F) proved to be statistically significant. On narcissism both neurotic groups scored higher than normal men, but the homosexuals also scored significantly higher than other neurotics ($P < \cdot 01$) and as high as normal women. On masculine identification and the tendency to adopt masculine social rôles and pattern of interests both neurotic groups scored lower than normal men; but the homosexuals also scored lower than the other neurotics ($P = \cdot 05$), again in fact the same as normal women. On feminine identification the homosexuals again scored exactly the same as normal women and significantly ($P < \cdot 001$) higher than other male neurotics.

*In conclusion:*

(1) The Dynamic Personality Inventory appears to be useful in research related to homosexuality and neurosis.

(2) The relationships between homosexuality and neurosis are complex; more research will be needed to confirm or disprove the tentative findings of this study.

(3) In many respects homosexuals under psychiatric care are similar to other male neurotics; some of these characteristics, though indicative of neurosis in men, are similar to those of the normal feminine personality.

(4) With respect to passivity, narcissism and a need for warmth, comfort and support the homosexual group differed significantly from other male neurotics and showed a typically feminine pattern of behaviour.

(5) The homosexuals also showed a typically feminine pattern of interests and attitudes. The neurotics tended to score relatively low on both masculine and feminine identifications, and it may be concluded that their capacity for taking any social rôle is below the normal level; the homosexuals had a normal capacity for social rôle taking, but they tended to take feminine rather than masculine rôles.

(6) The need for a psychological study of non-neurotic homosexuals is apparent.

TADEUSZ GRYGIER.

## REFERENCES

(1) GRYGIER, T. G. '*The Dynamic Personality Inventory.*' 8th Ed. London: National Foundation for Educational Research in England and Wales, 1957.

(2) GRYGIER, T. G. ' The Dynamic Personality Inventory: A preliminary notice. *Bull. nat. Found. educ. Res.*, 1957, **9**, 39–42.

(3) GRYGIER, T. G. ' Psychometric aspects of homosexuality.' *J. ment. Sci.*, 1957, **103**, 514–526.

## Incest.

*With the financial assistance of the Nuffield Foundation, Mr. Cyril Greenland, Senior Psychiatric Social Worker, Crichton Royal, Dumfries, has completed a study of* 10,000 *letters addressed to certain 'Advice Columns' of the national press. His report of some* 120,000 *words is awaiting publication in book form. This article is based on the chapter on sexual problems revealed in the correspondence. A brief account of the work as a whole giving details of the writer's age, sex, civil state, social class and geographical source is published under the title 'A study of the Correspondence Addressed to an "Advice Column" in* 1953 *'* (1). *Other aspects of this study which have also been published are listed in the references* (2) (3) (4) (5) *at the end of this article.*

*The publications from which these letters were obtained had ethical standards of the highest order and were exceedingly scrupulous in preserving the confidences entrusted to them. Their only motive for taking part in this research was to promote the welfare of their readers. In order to comply with the exacting requirements designed to safeguard the confidences of those seeking advice the published case examples have been altered to conceal the identity of the persons concerned.*[1]

Interest in and controversy about incest exceeds by far its incidence as a serious social problem. In the vast anthropological, sociological and psychological literature almost every conceivable aspect of incest has been painstakingly considered. As Dr. Hermann Mannheim (6) pointed out, 'every possible theory has been put forward and disputed, and the peculiar significance which it has assumed for psycho-analysts has added to the heat of the discussion.' There is, however, one aspect which has been comparatively unexplored and that is the study of the individual event of incest itself and the circumstances in which it occurs. This part of the subject is not one which lends itself to detailed analysis and the data on which this research note is based are limited to the published criminal statistics and the study of some individual problems referred to an advice column.

Incest is the crime of sexual intercourse or cohabitation between persons related within the degrees within which marriage is prohibited by law. The taboo against incest by blood relations is extremely strong and this may explain the rarity of the offence. Criminal Statistics (7) for England and Wales show that there has been some increase of such crimes known to the police. The annual average figure for 1935–39 was 91. The comparable figure for 1953 is 326, an increase of 258 per cent. This considerable increase must, however, be regarded with reserve since all sexual crimes appear to have increased to the same extent in the same period. 'Class I offences', which include all offences against the person, have risen from 7,238 (annual average 1935–39) to 23,400 in 1953, an increase of 223 per cent. This, it should be remembered, may well be due to an intensification of police efforts or a change in recording of crimes as well as an actual increase in the particular offences. The number of offences known to the police is considerably less

[1] Thanks are also due to Dr. P. K. McCowan, formerly Physician-Superintendent, Crichton Royal, for permission to undertake this study and to Dr. A. C. Tait, Director of Clinical Research, for his advice and friendly encouragement and especially for his helpful criticism of this paper.

than the actual number since, for obvious reasons, positive evidence of incest is very difficult to obtain.

The 'Advice Column' material contained a small but nevertheless unexpected number of problems concerning incest. Altogether over 10,000 letters were analysed. Of these more than half were concerned with sexual problems, including 'Birth Control', 'Love and Courtship' and 'Illegitimate Births and Pregnancies'. Among the 2,439 problems classified under 'Sex Life', seven referred specifically to incest. There was in addition a confused letter from a woman requesting advice for the girl next door whose periods had ceased as a result of having sexual intercourse with her father and brother. In view of its dubious authenticity this letter has been disregarded. Another letter excluded from consideration in this paper was one from a man accusing his wife of having intercourse with their 18 year-old son. Although there was no positive proof, the possibility that this writer was suffering from a depressive illness or paraphrenia with paranoid delusion cannot be ignored.

The table below summarizes the main features of each case which afterwards are discussed in more detail.

| *Case No.* | *Sexual intercourse with* | *Age of writer* | *Problem referred to* |
|---|---|---|---|
| 1 | Father | 24 | Guilt feelings and depression. |
| 2 | Brother | 17 | Should she tell fiancé? |
| 3 | „ | not stated | Dispareunia in marital intercourse. |
| 4 | Uncle | 32 | Severe depression. |
| 5 | Step-father | 15 | Cruel treatment. |
| 6 | „ „ | 17 | Pregnant school girl. |
| 7 | „ „ | not stated | Query pregnancy. |

*Case* 1. The writer's father belonged to a closed religious sect and appeared to be a most unstable man. Besides sexual assault the writer was physically ill-treated until she left home at the age of 19. Mother, who took her share of beatings, was described as completely apathetic. She has since received mental hospital treatment for a depressive illness. The writer, who was conceived before her parents' marriage, says that for this reason father took his revenge by violating her.

*Case* 2. The writer described that as a child she was frequently left in charge of her brother who is ten years her senior and mentally backward. She is worried in case, as a result of her childhood experiences, she might in turn give birth to a defective. She also asks for advice on whether or not to discuss this worry with her fiancé.

*Case* 3. A young married woman has difficulty in sexual intercourse with her husband and suffers from frequent nightmares during which her brother attempts to assault her. This actually happened many years ago and still is a constant source of worry.

*Case* 4. A single woman lived with her uncle and aunt as a child. From the beginning and until she left them at 18, her uncle regularly had sexual intercourse with her. She is now very depressed and her mind 'is constantly occupied with this sin'. In her letter she refers to having made two determined attempts at suicide.

The circumstances of Case 4 were exceptionally tragic because as a child the writer came very near to having the help she required. It appeared that after the death of her father the writer was boarded out with an uncle, her mother's brother. Apparently with the knowledge of his wife this man first engaged the child in mutual masturbation and when she was older in coitus. At the age of 13 after a serious attempt at suicide the writer was actually referred to a child guidance clinic. On the psychiatrist's recommendation she was sent to a hostel for maladjusted children where regular visits by her uncle were encouraged. After six months she was discharged and returned home where regular sexual intercourse continued until she took up her present employment. Together with depression and preoccupation with sin the writer describes compulsive masturbation in which she has frequently to indulge by night and day.

*Cases* 5, 6 *and* 7. In these three cases the writers' mothers had recently remarried men younger than themselves. Thus they had in common domestic situations in which taboos were at their weakest. In Case 5 the girl stated that, even before he married, her step-father regarded her with an improper sexual interest. This her mother dismissed as ' imagination ', ' jealousy ', wickedness '. In Cases 6 and 7 the girls complained that they were sexually assaulted while their mother was away in hospital having a baby. Even in a stable family a pregnant mother may prove to be a source of acute embarrassment to her adolescent children. The unusual circumstances prevailing in these cases would tend to liberate the normally suppressed and unconscious desires of daughters to usurp the mother's rôle. In such a situation it is perhaps not remarkable that all three girls claimed that they ' dare not tell their mother '.

The weakening of incest taboos has also been used to explain the considerable increase in convictions for incest in both England and Germany after the first world war. It has been suggested (8) that married soldiers returning home found their wives prematurely aged under the strain of the war years, while on the other hand, after years of absence, they were inclined to look at their daughters in a not purely father-like way. Although the expected increase in convictions for this offence followed the second world war, no studies of its causes have apparently been undertaken.

*Conclusion.* Although the examples of incest described are fortunately rare it will be seen that the risk of this offence taking place is increased in certain avoidable circumstances. This is a matter which should concern those responsible for the boarding out of children deprived of their normal homes.

Apart from the special abhorrence of incest the underlying conditions in Cases 4, 5, 6 and 7 do not appear to differ in other important respects from the much more common offences of indecent assault and defilement of girls. It is important, therefore, that in any future reseach on this subject cases of incest should not be regarded as an homogeneous group. The precise relationship between the individuals concerned and the circumstances in which the offence takes place must doubtless have an important bearing on the significance which may properly be attributed to this act.

CYRIL GREENLAND.

## REFERENCES

(1) GREENLAND, CYRIL. 'A Study of the Correspondence Addressed to an "Advice Column", in 1953'. *Case Conference.* Vol. 3, No. 9, March, 1957.

(2) GREENLAND, CYRIL. 'Advice on Birth Control'. *Family Planning*, Vol. 5, No. 4. Jan., 1957.

(3) GREENLAND, CYRIL. 'Advice on Sex'. *Family Planning*. Vol. 6, No. 1. April, 1957.

(4) GREENLAND, CYRIL. 'The Menopause—A Family Problem'. *Family Planning*. Vol. 6, No. 2. July, 1957.

(5) GREENLAND, CYRIL. 'Suicide—Threatened and Attempted'. *Mental Health*, Vol. XVII, No. 2, Spring, 1958.

(6) MANNHEIM, HERMANN. 'Criminal Justice and Social Reconstruction.' p. 77. Kegan Paul. London. 1946.

(7) Criminal Statistics. England and Wales, 1953. Table A.

(8) SCHWAB, G. 'Analysis of cases of Incest from inmates of the German convict prison at Ludwigsburg.' 1938. Quoted by Hermann Mannheim. p. 78. 'Criminal Justice and Social Reconstruction.'


# NOTES AND CRITICISMS

## THE ANNUAL REPORT OF THE PRISON COMMISSIONERS FOR 1956[1]

Since the War, the number of institutions under the control of the Commissioners has increased from 40 to 70 and the daily average population from 15,000 to over 20,000. The advancing complexity of classification, aided by the creation of new statutory classes of offenders, has resulted in the development of a system which takes two pages of closely printed text to outline; and the way in which individual prisons fit into it, varying as it does from year to year according to population changes, makes the task of the layman in attempting to keep up with the Commissioners a hard one.

The reduction of the number of male corrective training receptions from a peak of 1,190 in 1950 to 370 in 1956 has further complicated the system, since in their search for more accommodation the Commissioners have now, in effect, extinguished the special corrective training prisons by drafting trainable ordinaries to them. Trainable ordinaries have for a long time been mixed with stars in regional training prisons; and they have appeared also in the open local prisons, originally intended only for stars. Futhermore, Lancaster Castle prison has become a regional training prison solely for this class of prisoner.

This increasing emergence of trainable ordinaries, as a class distinct from ordinary ordinaries, is partly a result of the increased pressure of accommodation. Recently, the situation has worsened, since the daily average population which was falling off from the peak of well over 23,000 in 1952, started to rise again in mid-1956, and by July 1957 it was 22,340. The rise has been confined to men, the population of women continuing to fall steadily. This rise in male receptions seems to be well spread over all classes of convicted offenders, including Borstal boys, but excluding corrective training and preventive detention. It is particularly dis-

[1] London, H.M.S.O. Cmnd. 322, December, 1957. 257 pp. Price 8s. 6d.

turbing in the adolescent age group where the numbers received in 1956 were already practically at the 1952 peak, and have probably surpassed it since.

In this situation, it is encouraging to find that the Commissioners are having second thoughts about classification, and have appointed a committee to reconsider the basis of it. The lack of distinction between the methods of dealing with stars, trainable ordinaries and corrective trainees at the regional training level seems to suggest a new middle class of ' trainables ' who need to be separated only by their individual training needs and the demands of security, possibly after an allocation process covering them all, and replacing the inadequate reception boards of the local prisons. While, however, one cannot but wish the Commissioners well in their enterprise, would it not be an advantage to them if their Committee heard outside evidence on a subject of such vital importance to the future training of prisoners?

Another field in which the Commissioners have been making some advances is that of the training rôle of staff. At long last the purely custodial function of prison officers in local prisons is disappearing, as it has already disappeared in borstals and open prisons. This volume includes extracts from the annual report of the Governor of Norwich where each officer is now given a certain amount of responsibility for the training of a number of prisoners. Along with this has gone an increase in hours of labour from 26 to 35 without increasing staff (how was it done?), dining in association for all convicted prisoners, and other minor reforms. The new system has now been introduced in several other small local prisons. Another straw in the wind is the sending of two Assistant Governors on the generic casework course at the London School of Economics, and a Governor on the Tavistock Institute advanced casework course. Even more important is the inclusion of new entrant Assistant Governors in the six months staff course at the Imperial Training School at Leeds. This will increase their introductory training from one month to six—a badly needed reform.

The report contains so much that is informative and interesting that it is a pity that year after year it is marred by minor absurdities. Of these, my favourite is the table giving the recruitment of prison officers. Of this it is said that ' the figures are not self-contained since there is a carry-over from one year to another of applications at intermediate stages of consideration '. It is presumably for this reason that one cannot add together the numbers who have resigned while training, were not selected after training, and appointed, to make the total number joined for training. Thus there is no way of obtaining wastage figures even though the innocent enquirer might think that this is what the table is intended to show. Presumably the only thing one can do is to compare each column separately with the figures for previous years, which would have to be culled from previous Reports, though I do not quite see the use of the information thus obtained.

Another source of minor irritation is the continued changes in the form in which the Borstal reconviction figures are given. The information required is the position at a set period so many years after discharge, but anyone who tries to collate this will find that from 1953 several years have been aggregated with the result that it is not possible to obtain full figures with a follow-up period of any reasonable length. It would be more sensible to give the last five years individually in every table. For many years also the Commissioners, though claiming that borstal aftercare is an integral part of the system, failed to give figures showing results from

the end of the aftercare period rather than from discharge. A table of this kind has been appearing in the Report of the Central Aftercare Association in most years (why not all?) since 1950, but now appears in the Commissioners' Report for the first time.

Another part of the Report at which the Commissioners might well look again is the chapter on aftercare of prisoners. This is largely compounded of reports from N.A.D.P.A.S., Men's Aftercare (the two are, in effect, run by the same person), and Women's Aftercare. Perhaps the bodies concerned might consider taking advice from the Statistical Adviser to the Home Office upon the form in which their statistics are cast. The full page return of cases in which N.A.D.P.A.S. has acted as an agent of other societies is surely of internal interest only; and the statements of types of previous sentences awarded are cast in an unusable form. Might not the figures given be brought into line with the probation statistics issued by the Home Office? If nothing else, some indication of caseloads would be interesting, and would no doubt underline the need for many more social workers in prisons.

It would be churlish to conclude these notes without thanking the Commissioners for the jolly guessing game which appears annually in Appendix 1, prosaically called 'Extracts from Annual Reports of Governors, Chaplains & Medical Officers'. They are divided under these and similar heads, and by type of institution. The game is to guess to which institution they refer, since no names are given. On the whole the Commissioners win hands down, but every now and again they slip up; and this year there is even an outright reference to Latchmere House not to mention a reference to Woodstock (which, I happen to know, is near Kidlington Detention Centre.)

These poor remnants of the inspectors' reports have their uses no doubt. They are, however, so carefully selected that they could hardly harm anyone if the institution was named. On the other hand, if the intention is to print general comments by senior members of staff, would it not be better to invite them to add to, or mark in, their annual reports passages for inclusion in this section? If we are to be told something about individual institutions let us have their names and something sensible and informative about them. If we are to be given general comment by the many persons of great experience in the service, let us have it as such. The present collection of snippets is neither one nor the other.

GORDON ROSE.

## COMMITTEE ON ARRANGEMENTS FOR BRINGING OFFENDERS TO TRIAL, ETC.

On the 22nd May, 1958, the Home Secretary announced in the House of Commons the setting up of an Interdepartmental Committee under the chairmanship of Mr. Justice Streatfield with the following terms of reference:

> 'To review the present arrangements in England and Wales (*a*) for bringing to trial persons charged with criminal offences, and (*b*) for providing the courts with the information necessary to enable them to select the most appropriate treatment for offenders, and to consider whether, having regard to the desirability of ensuring that cases are brought before the courts and disposed of expeditiously, any changes are required in these arrangements or in those for the dispatch of business by the courts; and to report.'

# CRITICAL NOTICES

SEXUAL OFFENCES. A Report of the Cambridge Department of Criminal Science. Preface by L. Radzinowicz. (London: Macmillan & Co., 1957. Pp. xxvii + 553. 63s.)

This substantial volume is the fruit of many years of work by the Cambridge Department of Criminal Science (the statement on the cover that ' the inquiry started more than five years ago ' has to be read in the light of the Preface and the statement on p. 539, according to which the work was initiated in February, 1950). The main body of the research consists, according to the Preface, of an analysis of about one-third of all indictable sexual offences recorded by the police in England and Wales in the year 1947, i.e. about 3,000 cases. The technique of sampling used is not revealed beyond the statement that the cases were taken from fourteen areas (see the list in Appendix Four) and that the enquiry deals with the cases of 2,178 persons involved in indictable sexual offences and of 914 offenders against whom proceedings were brought for non-indictable sexual offences. Quantitively, this is therefore one of the largest enquiries ever made in the field of sexual offences, and every ounce of information has been extracted from the records. There are masses of figures, and, inevitably, some of them are less informative than others.

After an analysis of the ' Trends in Sexual Crime in England and Wales ' (Part One, Ch. 1) there are chapters on the undetected offender and on those detected but not proceeded against. The proportion of the latter group was 28 per cent. (15 for the homosexual, numbering 873, and 37 for the heterosexual offenders). Of the total of 1,385 persons tried for indictable sexual offences, 182 or 13·1 per cent. were acquitted (18·9 of the heterosexual and 7·8 of the homosexual ones).

Part Two opens with an interesting chapter on ' Offenders and their Victims ', where we find the view expressed that, whereas in non-sexual offences the victims are ' free from all complicity in the crime committed ' (p. 83), the position is different in sexual offences. This makes somewhat strange reading in the light of the tendency in the growing literature on ' victimology ' (admittedly an ugly word) to stress the contributory guilt of the victim in many non-sexual offences as well, in particular murder, but also in cases of confidence tricks and others. Dr. Jahoda's recent paper on ' Money doubling in the Gold Coast ' (B.J.D. VIII, pp. 266 *et seq.*) is only one of several contributions to the subject. In the very field of sex offences, however, the pioneer study of the child victim, carried out by the Langley Porter Clinic in San Francisco, is not even mentioned in the present book (although the work of that Clinic on sexual deviation is briefly referred to by Professor Tappan on p. 510 fn. 1 in a different context), and there is no indication that the authors have been aware of it. Even if the study of the psychological effect of sex offences on various types of victims was outside the scope of this survey (p. 90), some of its findings might have been profitably compared with those of other investigators.

Other chapters in Part Two deal with the ages and other characteristics of the convicted offenders and in particular with recidivism. Although it is stressed that the material was not sufficiently detailed for an exhaustive study (p. 113), there is some useful information in these chapters, too, on such matters as marital status,

family structure, and education, always separately recorded for homosexuals, heterosexual offenders, and indecent exposure. The chapter on recidivism leads to Parts Three and Four which, dealing with the various kinds of punishment imposed by the courts and their effect, are perhaps the most important parts of the book. Regarding imprisonment, 25 per cent. of all offenders brought to justice were sent to prison, but there were of course considerable variations according to type of offence, courts and areas, and in the conclusions it is questioned ' whether some courts do not use imprisonment too freely for those who are first offenders and who commit the more trivial sexual offences ' (p. 217). Moreover, although ' some of the cases tried at magistrates courts . . . closely resembled those dealt with at higher courts . . . there was sometimes a considerable difference in punishment ' (p. 194). On this point, some more detailed information might have been desirable to show how far these cases were in fact similar. In spite of their willingness to recognize the merits of short prison sentences (p. xxii), the authors have to admit that such sentences are used ' a little too readily ' and that the main object of the courts in such cases was not reformative treatment but punishment and deterrence (p. 215). Regarding recidivism, almost one in four of those sent to prison was reconvicted of a sexual offence within less than four years after discharge (p. 201).

Fines were used in 43 per cent. of these cases, more frequently than any other method, and the rate of reconvictions for sexual offences was very low, 12 per cent. On the other hand, probation was used in only 16 per cent., and the rate of reconvictions during a follow-up period of four years was 30·2 per cent. for sexual and non-sexual offences together and 19·4 per cent. for sexual offences only. For those placed on probation with a condition of medical or psychological treatment the rate of reconvictions was 37 per cent., and for homosexual offenders even 52·4 per cent. The report calls this result ' extremely disappointing ' (pp. 256 and 264). Probation was used for grave as well as for minor offences, and three in ten of the offenders were placed on probation at the first hearing without remand for enquiries, but in some cases the courts were already in possession of some information on the offender's background (p. 263). In some cases, probation was used for cases not really in need of supervision (p. 252) and the successful outcome could not be ascribed to probation.

All these are matters of great practical significance, but the authors have to admit that they have not been able to provide any final answers regarding the merits of the various methods of treatment. ' The question still remains unanswered ', they write (p. 270), ' whether the restraining effect provided by imprisonment could not have been produced by applying other measures . . .', and they stress that some of their interpretations cannot be ' assessed in statistical terms ' (p. 270) and that ' after investigating more than 3,000 cases the Department is no nearer to a constructive recommendation for the general treatment of sexual offenders than it was when it began its inquiries ' (p. 435). Their honesty deserves the highest praise, but, true as it is that statistical methods by themselves can only in exceptional cases provide completely satisfactory answers, it might well be asked whether the areas of doubt could not have been somewhat reduced in size by applying certain more refined statistical techniques. As, for example, different methods of treatment are to some extent used for cases which have a number of factors in common, the use of matched control groups might have yielded more valuable results. In view of the particularly disappointing results of probation with a condition of treatment

(see above), two matched groups might have been compared, both of them placed on probation, but the one receiving psychological treatment and the other not, and two other matched groups for probation and fines, etc. As it is, the report may, in spite of all its reservations, in the minds of some readers produce the impression that probation with a condition of treatment was the least effective method and the fine the most successful.

Persistent sexual offenders, i.e. those who had on at least four occasions been convicted of sexual offences, numbered 99, i.e. 5 per cent. of all convicted offenders (p. 306), and their records show ' the repeated failure of the fine and short-term imprisonment ' (p. 316).

Part Five gives a detailed and careful analysis of the present English law and of the law of evidence in relation to sexual offences. Attention is paid to the ' striking disparities between the maximum punishments for the different crimes ' (p. 432). In view of the controversy aroused by the principal recommendation of the Wolfenden Report it is surprising to read that out of 986 cases of homosexual conduct, other than soliciting, which the Department investigated only two were cases of convictions for homosexual conduct between consenting males in private (p. 431).

In Part Six, brief statements are published from experts in Sweden, Norway, Denmark, Belgium, and the United States.

There is no Index—an omission difficult to understand in a volume of this size. The detailed list of contents is no real substitute for it. Apart from very few footnote references, especially in Part Five, there is no evidence that the extensive literature on the subject has been used. What has been said above with regard to ' victimology ' applies to the book as a whole. It tries to stand alone. The question will have to be faced: ' Can it afford it?' If it is true that ' no man is an island ', the same applies, in an increasing measure, to research in general and criminological research in particular. We cannot afford to ignore the work of our predecessors and contemporaries. Even findings based on the study of 3,000 cases are of real value only if they can be compared with other corresponding studies. As Marshall B. Clinard has pointed out in this Journal (Vol. VII, No. 2, October, 1956, p. 113), more and more comparative and cross-cultural studies are needed to make our results really convincing. This neglect of the literature and the failure to use more refined statistical techniques are the principal sources of weakness of the Cambridge survey.

H. M.

PERVERSIONS: Psycho-dynamics and therapy. Edited by Sandor Lorand, M.D. (New York, Random House, 1956. Pp. x + 307. $5.)

The steadily increasing output of books on different aspects of criminology, and in particular of sexual offences, is beginning to put the reviewer in something of a dilemma. Bound by his belief that criminology is a multi-disciplined science, he must in fairness ' place ' each volume in accordance with the extent to which it contributes to the total criminological picture. On the other hand he is aware that each of the cognate sciences concerned with criminology is capable of sub-division into special ' schools '. So he must assess each book in accordance with its relation to other schools within the same group. And this in turn means that, with the best

will in the world, his own scientific allegiances will begin to influence his review. The present volume on perversions provides an excellent illustration of the dilemma. In so far as some sexual perversions are included in the Criminal Codes of various countries, the book must be judged by the importance of its contribution—in this case a general psychiatric contribution—to a multi-disciplined approach to crime. But in so far as it belongs to the psycho-analytical school of psychiatry, the tenour of any review must depend on whether or not the reviewer is favourably disposed to Freudian theory and methodology. If, as in the present case, the reviewer happens to be a Freudian, he cannot conceal his belief that the psycho-analytical approach is the most fundamental of all theoretical and clinical approaches to crime. So he must in the first instance estimate its quality as a psycho-analytical contribution and only then consider to what extent it dovetails with the multi-disciplined approach.

To those who believe that adult forms of sexuality, whether normal or perverted, are influenced by the development of sexuality during childhood it is only natural to assume that psycho-analysis provides the most radical approach to the problem of sexual perversion; for the discovery and description of ' infantile ' stages of sexuality was a Freudian discovery. Many psychiatrists who do not accept the general theory of psycho-analysis are quite ready to agree that adult deviations from normal sexuality are essentially regressions to infantile sexuality, which in fact Freud described as ' polymorphous perverse '. But psycho-analysis goes much further than this. It maintains that perversions are influenced by all the vicissitudes of childhood development, the most important of which are unconscious. These constitute the *endopsychic factors* in perversion formation. The value of a psycho-analytic book on perversions depends therefore on the degree to which the author (or in this case the authors) can single out the endopsychic factors common to all varieties of perversion and those specific for different sub-groups.

Now this is a hard test to pass. In the old days when psycho-analysis focused its attention on the pathogenic aspects of the Oedipus complex psycho-analytical articles on sexual perversions were much easier to read, although, to be sure, the various accounts of unconscious pathogenic phantasies tended to a prolixity which was somewhat confusing to other analysts as well as to the general reader, who, in any case, didn't believe a word of them. Now that psycho-analytic attention has been diverted to general ego and super-ego development and has led to more ambitious reconstructions of the earliest pre-genital stages, the case of both groups of reader has become harder and the scepticism of the non-analytical reader has become aggravated. Indeed it is interesting to note that, from the psycho-analytical point of view, the most intelligible and convincing articles in this present collection are the work of the more senior analysts—Alexander (theory of perversions), Bychowski (homosexuality and psychoses), Bak (aggression and perversion), Eidelberg (male homosexuality), Lorand (therapy) and, although to a lesser extent, Balint (perversions and genitality) and Gillespie (structure and etiology). Although these contributions vary to some extent in the emphasis laid on different factors, on the whole they tally sufficiently to give even the unorientated reader some outline of the psycho-analytic theory of perversions and in particular of their function as defences against the wakening up of specific Oedipus conflict, an idea which originated with Sachs.

In other chapters the elaboration and interpretation of unconscious content,

frequently attributed by the writers to the earliest pregenital phases of infancy, are liable to leave even the orientated reader in the dark as to decisive pathogenic factors. Sometimes indeed they suggest that the author has been carried away by his interest in early preconscious rather than true unconscious content. In any case the ' over-determination ' of unconscious products is a constant obstacle to the isolation of the most important pathogenic elements. Fortunately this is an obstacle that future research is likely to overcome and we may look forward to a time when the etiological differences between various forms of perversion are clearly demonstrated and made the basis of an accurate classification. This book is unquestionably a step in this direction and so we may perhaps forgive some of the less disciplined, sometimes frankly speculative, formulations; for, speaking for the moment purely as a psycho-analyst, it has always seemed to me when ranging through the literature of perversions, that even the more undisciplined utterances of psycho-analysts on the subject are nearer to the essence of the matter than the most carefully controlled socio-psychological investigations.

All of which brings us to the important question viz., how far psycho-analytical findings can be made to dovetail with other approaches to the subject of criminal offences. The answer, of course, depends on the breadth of approach favoured by each observer. If we take the view that in sexual perversions, as in all other psycho-pathological states, there are four main factors to be taken into account—namely, constitutional, infantile endopsychic factors (unconscious), infantile traumas and familial stresses and immediate adult precipitating stresses (which may be either conscious or unconscious)—there is no difficulty in maintaining that so far as the second is concerned (endopsychic factors) the psycho-analyst's views are the nearest we have to law. The subject is, however, a complicated one, for it is often the case that apparently convincing precipitating social factors are merely a cover for unconscious motivations and in fact appear to contradict the latter. Non-analytical observers usually resent this tendency on the part of the psycho-analyst to have it both ways; and it is incumbent on the analyst to allay this resentment with convincing evidence.

Although it cannot be said that the evidence produced in this collection of articles is either final or completely convincing (least of all regarding the results of treatment), it nevertheless deserves the attention of all delinquency workers.

E. G.

# REVIEWS

HOMOSEXUALITY. By Clifford Allen, M.D., M.R.C.P., D.P.M. (London: Staples Press, 1958. Pp. 143. 15s.)

HOMOSEXUALITY. Edited by Charles Berg, M.D., and A. M. Krich. (London: Geo. Allen and Unwin, 1958. Pp. 415. 30s.)

LIVE AND LET LIVE. By Eustace Chesser. (London: Heinemann, 1958. Pp. 126. 8s. 6d.)

THE CARICATURE OF LOVE. By Hervey Cleckley, M.D. (New York: Ronald Press Co., 1957. Pp. x + 319. $6.50.)

The spate of books on homosexuality continues to rise. Here are four publications on the subject, two of which can be regarded as responses to the increase of

public interest in homosexuality caused by the publication of the Report of the Departmental Committee on Homosexual Offences and Prostitution. Of the remainder, one is an anthology of contributions to the subject and the other a lively polemical essay challenging the *ex-parte* tradition held in some literary quarters that homosexuality is a ' normal ' or even ' super-normal ' manifestation. All of them are readable and indeed well worth reading by those who are interested in the subject.

Dr. Clifford Allen's book might have been entitled ' The Intelligent Man's Guide to Homosexuality: its cause and cure '. It is by the same token a tract for the times, for it is written with one eye on the part of the Wolfenden Report that deals with male homosexuality; and the last section is devoted to a condensed survey and critique of the Departmental Committee's findings.

Dr. Allen has given many years to the study of sexual perversions in general and of homosexuality in particular and he speaks with an experience that is fortified by an unusual degree of success in the treatment of the latter condition. In his clinical survey he does not neglect work done on the biological aspects of the subject, and in the section on treatment illustrates his therapeutic approach with a number of abbreviated case-histories. Perhaps the most important of his views on treatment are, first, that ' it is definitely not true that homosexualiy is incurable ' and, second, that ' cases of sexual abnormality including homosexuality are curable by pychotherapy '. Dr. Allen agrees that failures may occur and advances reasons to account for them. His therapeutic optimism constitutes indeed a needed corrective to the general pessimism on the subject that pervades psychiatric circles.

Messrs. Allen and Unwin were evidently seized of two bright ideas, first, to publish an anthology of contributions on homosexuality and, second, to invite the late Dr. Charles Berg to edit it in conjunction with Mr. Krich. It is a tribute to Dr. Berg's editorial flair that, although most collections of papers by different authors on one and the same subject tend to confuse as much as they illuminate, Dr. Berg's selections succeed in giving an all-round impression of the problem, considerably enhanced by a lengthy preliminary review from his own pen.

The first section comprises eleven short sketches presenting the condition from the point of view of homosexuals themselves. Although appealing in content, these are inevitably the least successful of the selections. This, however, is fully compensated in the second part of the book where the etiology of homosexuality is approached from the biological and psycho-analytical points of view. This is followed by a representative selection of papers illustrating different forms of treatment. Amongst the more interesting articles, historically and clinically, are those by Magnus Hirschfeld, George Sprague, Ferenczi, Edmund Bergler, Freud, Jung, Henri Fleurnoy and Moshe Wulff. This is a most successful venture which, despite the technicalities of some of the papers, can be studied with equal profit by the general reader and the professional observer.

Dr. Chesser's little book is quite frankly a tract for the times. Stimulated by the Report of the Wolfenden Committee, it sets out to orientate the intelligent reader who is interested in but puzzled by the problems of homosexuality and prostitution. This Dr. Chesser does by discussing in turn the historical, social and legal aspects of these subjects (uncovering, as he goes, common sexual myths and

prejudices) and submitting the recommendations of the Wolfenden Committee to considered criticism. Dr. Chesser writes, as usual, clearly and persuasively, and his book should easily achieve its main end, in so far as this can be done by dispassionate presentation: it is in short a good introduction to a difficult subject.

' The Caricature of Love ' might well have been given the sub-title ' : a Labour of Love '. Dr. Cleckley has evidently been both impressed and somewhat alarmed by the fact that many writers from Wilde, Carpenter and Symonds, to Proust, Gide and Guyon have devoted themselves to idealizing the homosexual situation. This he feels may give rise in the minds of the intelligent reader to a confusion between psychiatric disorder and mental health, the more so that much psychiatric writing on the subject is itself based, Dr. Cleckley believes, on a confusion of concepts and therefore can lend itself to tendentious quotation by writers and artists. Almost a half of his book is devoted to a polemical examination of these concepts, amongst others the views of Freud and many of his followers. The second part consists of an equally polemical examination of the opinions and valuations of some of the more prominent figures in modern literature.

Dr. Cleckley writes racily and with pugnacity; and although some readers may feel that his description of the psychiatric disorders that give rise to some forms of manifest homosexuality is more a classroom diagram than a balanced emotional valuation of homosexual trends, and that in view of its enormous contribution to social cohesion between men, unconscious homosexuality cannot be dismissed as a psychiatric disorder or manifest homosexuality as an emotional charnel-house, many of them will secretly enjoy, even if they do not entirely condone, the lusty manner in which Dr. Cleckley, braving the possible counter-accusation of philistinism, lays about him in the literary and aesthetic fields.

E. G.

The Problem of Homosexuality. Edited by Edward Glover, M.D., LL.D. (London: I.S.T.D. Publications, 1957. Pp. 40. 3s.)

This publication represents the evidence given to the Wolfenden Committee by a joint committee of the Institute for the Study and Treatment of Delinquency and the Portman Clinic. It is a valuable, informative, and enlightened document. The presentation of a rational case is easy, in a subject so bedevilled by prejudice and confused thinking in so far as all that is needed is an objective disquisition. Nevertheless if it is to be acceptable to those who, though unprejudiced, have reservations, the form of presentation is important, and in this respect this work is admirable.

It begins by commenting on the law, psychology, religion and public prejudice, drawing attention to the quite unscientific categorization of offences in relation to penalties, and the law's sharp differentiation between normality and abnormality as if these were absolute entities. It gives a useful classification of types of homosexuality, and it rightly stresses that homosexuals are often entirely respectable citizens, and comments on the profound emotional prejudices on the subject which exist, which legislators regard as legitimate grounds for the existence of what Mannheim has elsewhere described as ' Draconian Penalties '. The recommendations made in the pamphlet are essentially those since advocated by the Depart-

mental Committee which, as far as one can see, are too incompatible with the prejudices of vociferous voters for either political party—with honourable exceptions amongst some M.P.'s—to do anything about.

A useful appendix gives a statistical analysis of the results of treatment; those most likely to benefit were bisexuals under 30 with a short period of overt homosexuality. This would be in keeping with most psychiatrists' experience.

W. Lindesay Neustatter.

A Way of Life. By Peter Wildeblood. (London. Weidenfeld and Nicolson. 1956. Pp. 191. 18s.)

The author, subsequent to a prison sentence, wrote a commendable book about homosexuality and his prison experiences. The book under present review consists of thumbnail sketches, indeed devoted to underworld characters, mainly homosexuals. Mr. Wildeblood's knowledge of pub life will make him familiar with the term ' chaser '. This book, following on his first, resembles a ' chaser ' in that it does not taste as good, is more difficult to swallow and is inclined to nauseate. It deals lightly and in the main with the lighter life of exhibitionists, prostitutes, psychopaths and ponces, and is an eulogy rather than an apologia. In one sketch justification is sought for homosexual acts with a minor, in another for living on the immoral earnings of a woman! We are led to believe that these sorry types are the victims of society and of a cruel predatory police. Apparently, there is no such thing as self-will or restraint, and life is lived ' because of ', never ' despite ' the past. By so prostituting the problem of homosexuality, the author surely tends to destroy what apparently he had sought to create—an atmosphere conducive to preparing society for a long overdue recognition of the rights of the homosexual as a variant of the normal. His first book may have been meritorious; his second is merely meretricious.

S. Charles Lewsen.

Soho. By Arthur Tietjen. (London : Allan Wingate. 1956. Pp. 154. 13s. 6d.)

The author traces the history of the vicious struggles for supremacy that have centred around Soho from its beginning. Mr. Tietjen writes in a somewhat anecdotal style of the criminal histories of such men as ' Brilliant Chang ', the powerful drug trafficker, the Sabini brothers, the uncrowned king of the racecourse, and more recently the Messina brothers who controlled an international white slave racket from the back streets of Soho. These men are shown to have a law of their own—that of the knife and silence. They have ruled by fear, and as Mr. Tietjen writes : ' There has been fear . . . . fear to talk, fear to prosecute, and even to do innocent trade in a shop or cafe. There still is . . .'. One of the most interesting facts to emerge from this book is that gang warfare and the protection racket were British exports to America, and not vice versa.

Mr. Tietjen pays tribute to the work of the police who, in spite of an outdated criminal law and their own shortage of staff, manage to keep crime in Soho in check. He considers that the only really effective way of dealing with crime in Soho is to reorganize and rebuild many parts of the area.

G. P. McNeal.

PRISONS I HAVE KNOWN. By Mary Size. (London: George Allen and Unwin. 1957. Pp. 195. 18s.)

Today, when questions of prison method and human relationships in our penal institutions are so much under discussion, a book such as this is of special interest. Miss Size was for forty-two years associated with our prison system and experienced as an official the many changes of these years.

It was the reviewer's privilege, as a voluntary teacher, to know Miss Size, the Deputy Governor, in the trying conditions of Holloway Prison in the early thirties. There in the drab, deadly, soulless surroundings, by her personal magnetism and her deep religious conviction of the good in everyone, she was able to make contact with her most difficult prisoners which often set them on the right road. To what extent she was able to guide and influence her staff to adopt her own attitude to the prisoners I do not know.

It is a cheerful book, though the style, anecdotal and snippetty, is not everyone's choice. The problems of prison administration, the recruitment, training and selection of staff, the need for careful classification of prisoners, the remedial value of hard work in association, the restoration of self-respect in the women, the benefits of earning schemes, the essentials of after-care are all lightly touched upon, and although it is obvious that these problems exercized the author's mind, the emphasis throughout the book is on the personal influence of the staff upon the prisoner.

In 1946, Miss Size was called back from retirement to Askham Grange, the first open training prison for women. Here, for six years, at the end of her career she was working in a milieu where she could carry out the ideas formed during thirty-six years' experience as a prison officer. In a small unit, with accommodation for about sixty women all of whom she knew personally, she built up a régime where friendliness, hard work and reasonable discipline combined to give, even in prison, a purpose to living. She enlisted the interest and sympathy of the villagers, breaking down their initial antagonism and made the prison a real training centre where the prisoners could work for diplomas in domestic subjects.

In the last three pages the author sets out in the light of her experience her ideas for future development. She would extend the use of open prisons for the majority of women prisoners, for first offenders, corrective trainees, and recidivists with less than six convictions, but she would detain in places of maximum security the comparatively few women unable to fit into such conditions of semi-freedom. Without this sanction, the system would collapse.

V. M. CREECH JONES.

MARRIAGE AND THE UNCONSCIOUS. By Edward F. Griffith. (London: Secker and Warburg. 1957. Pp. 221. 21s.)

On the grounds that open marital discord and/or divorce may play a part in developing the disposition to delinquent conduct in childhood and later life, it is desirable for delinquency workers to have some acquaintance with marital problems and their handling. Probation officers in particular who must perforce dabble in marriage difficulties require careful orientation in the dynamics of the situation. It is, of course, equally desirable that they should know what particular variety of book on marriage they may choose to read.

Dr. Griffith, on the strength of lengthy experience as a general practitioner and as a gynaecologist and of subsequent psychological training of an evidently Jungian nature, has produced a book that reflects this training and experience. He is not blind to the fact that many cases of marital disharmony are incurable, but takes a fairly optimistic view of those which, he believes, are not incurable. He is careful to keep on the right side of the Church and, although he scolds the clergy occasionally, is himself Christian in his attitude to and valuation of marriage. His treatment is strongly influenced by his Jungian predilections and by his somewhat idealistic conceptions of marriage. Not at all a bad book, it might serve as a semi-popular introduction to more serious and dispassionate reading on the subject.

E.G.

MENTAL DEFICIENCY. By J. E. W. Wallin, Ph.D. (*Journal of Clinical Psychology*, Vermont. Pp. xv. + 200. $5.)

For nearly half a century mental deficiency has been regarded as a social problem, but until recently it was generally considered that genetic factors were of major importance in its aetiology, that defectives would inevitably be social failures and that segregation and even sterilization were the only treatment.

Increased knowledge of other causative factors combined with increased social services and facilities for employment in recent years have greatly changed our concept of mental retardation and how the handicapped can be integrated with the community.

For his many lectures since 1912, Dr. Wallin has collected a vast amount of factual material ' in relation to problems of genesis, social and occupational consequences, utilization, control and prevention of mental deficiency '. In this volume of 200 closely printed pages he offers to his colleagues the fruits of his labours and the wealth of his experience. Dr. Wallin covers all the most important social aspects of the problem in a concise and lucid manner, and assesses the present trends of opinion. Each chapter includes a remarkable review of the relevant literature and the book is a most useful work of reference in addition to being a readable exposition of the subject.

The first three chapters deal with the alleged fecundity of the mentally deficient, the relation of mental deficiency to defective progeny and the question of gene injury. The next two chapters cover the relation of mental deficiency to criminality and sex delinquencies, socio-occupational efficiency and alcohol. The final chapter discusses the ultimate aim of constructive work in the field of mental deficiency and retardation.

L. T. HILLIARD.

DISORDERS OF CHARACTER : PERSISTENT ENURESIS—JUVENILE DELINQUENCY—PSYCHOPATHIC PERSONALITY. By Joseph J. Michaels, M.D., Instructor in Psychiatry, Harvard Medical School. (Charles C. Thomas, Springfield, Illinois. 1957. Pp. 148. 34s.)

The thesis of this book is that there may be a psychosomatic disposition specific to the delinquent with a history of persistent enuresis. It would appear that at all levels of personality integration there is an impulsiveness and lack or weakness in the inhibiting mechanism, poor moral control and other signs, such as poverty in ego

synthesis and super-ego structure. The author has attempted to harness together constitutional or phylogenetic factors with ontogenetic ones which are disclosed in personal history subject to psychoanalytic interpretation.

There would appear to be two polarities in this syndrome—the psychobiological, which governs the enuretic factor, and the psychosocial, which determines the delinquent conduct. The constitutional pattern is indicated by the triad of male predominance, enuresis and psychopathic traits.

The author realizes the danger of too rigid a formulation of impulsive as against compulsive types—in nature there are mainly ' mixtures '. It is equally dangerous to distinguish individual factors from cultural ones—the latter are contained in the regulative processes which family life embodies as a cultural unit. Equally enuresis, though having genetic marks, *i.e.*, it occurs in families, can be accentuated by the conflicts of early psychosexual development.

The work has some valuable statistical material which should encourage others to make further parallel studies.

This is the type of holistic enquiry which should be encouraged in delinquency researches. It cannot, however, be forgotten that delinquency is a blanket word—there are many forms, sometimes very divergent. We do not yet know the binding factor which unites them all.

E. M.

PERCEPTANALYSIS. By Zygmunt A. Piotrowski, Ph.D. A Fundamentally Reworked, Expanded and Systematized Rorschach Method. (New York: Macmillan Co. 1957, Pp. 101, 47s.)

The Rorschach Test has been, since its appearance in 1921, the most widely used—and perhaps criticized—of all the so-called projection tests for the diagnosis of character and of the major mental disorders. Dr. Piotrowski has been one of the leading exponents of research work in this field, and in this book he has attempted to carry his methods of analysis a step further than perhaps was used in the early work by Klopfer and Kelly.

This book is eminently suited to those who are deeply committed to the use of the Rorschach Test and it brings home to the student how complex this test can be and how necessary it is to consider the fine points of procedure involved as well as the details of the categories which are used as a basis of perceptanalysis. Students of psychology will perhaps wonder whether the term ' perceptanalysis ' is the best word to use for this test. It is the apperceptive mass which stimulates the apparent perceptual judgment.

This is an important book not only for those who are going to use the test and who are using it, but for the increasing number of critics of Rorschach's brilliant and ingenious invention.

E. M.

# CORRESPONDENCE

SIRS,

MARGERY FRY MEMORIAL FUND

We invite donations to a Trust Fund which is to be created in memory of Margery Fry. Outstanding amongst her many interests was her life-long concern with the prevention of crime and the rehabilitation of offenders and these will be the objects of the Memorial Fund. It is envisaged that the Fund might be used for such purposes as the granting of scholarships; the financing of research schemes; the setting up of pioneer projects for the rehabilitation of offenders; and that it might perhaps help in some way to facilitate the establishment of an Institute of Criminology.

We hope that as many people as possible will give generously to this Fund which would be devoted to the acquisition of a deeper knowledge and a fuller understanding of a complex human problem, and so perhaps prevent future suffering and unhappiness. Donations should be sent to: John Cole, Esq., 66 Lincoln's Inn Fields, London, W.C.2, who has agreed to be Hon. Treasurer.

Yours truly,

The Howard League for Penal Reform,
Parliament Mansions,
Abbey Orchard Street,
London, S.W.1.

(*sgd.*) DONALD ALLEN. PAUL S. CADBURY.
MICHAEL ST. ALBANS. GERALD GARDINER.
GEORGE BENSON. MERTHYR.
BIRKETT. TEMPLEWOOD.
THEODORA CALVERT. JANET VAUGHAN.
CICELY CRAVEN.

# CONTRIBUTORS TO THIS NUMBER

**FRANÇOIS LAFITTE** is a journalist specializing in social problems on the editorial staff of a leading London newspaper.

**PETER SCOTT,** M.A., M.D., D.P.M.; Consultant Physician, Bethlem Royal and Maudsley Hospitals; Visiting Psychiatrist, H.M. Prison, Brixton, and to the L.C.C. Remand Homes.

**DENIS PARR,** M.D., D.P.M., is Research Fellow at St. George's Hospital and Senior Psychiatric Assistant to the London Hospital; he travelled in Europe on a World Health Organization Fellowship in Mental Health in 1957.

**MARY WOODWARD,** B.A., Ph.D., is Senior Psychologist at the Fountain Hospital, London. She was for three years Research Fellow at the Institute for the Study and Treatment of Delinquency.

## INDEX TO VOL. VIII: ADDENDUM

It is regretted that the following entry was omitted from p. iii of the Index. Please insert at the end of Original Papers: —

WODDIS, G. M.: DEPRESSION AND CRIME . . . . . 85

# The Journal of CRIMINAL LAW CRIMINOLOGY and POLICE SCIENCE

TIMELY SCIENTIFIC INFORMATION ON THE SUBJECT OF CRIME ITS CAUSE, DETECTION AND PREVENTION

*Bi-monthly; Annual subscription rate £3 per volume*

**RECENT ARTICLES INCLUDE:**

The "Comstock Load"—Obscenity and the Law
Delinquent and Non-Delinquent Attitudes toward the Prevalence of Stealing
Sociological Analysis of Confidence Swindling
Color Photography, an Instrumentality of Proof
Carbon Monoxide Poisoning from the Exhaust Gases of Motor Vehicles
Entrapment—A Legal Limitation on Police Techniques

**STANDARD FEATURES:**

Criminal law notes and comments
Current notes
Book reviews
Police science technical and legal abstracts

PUBLISHED BY THE WILLIAMS & WILKINS CO. U.S.A. FOR THE NORTHWESTERN UNIVERSITY SCHOOL OF LAW

*Distributed in the U.K. and Commonwealth by*

**Baillière, Tindall & Cox Ltd., 7 and 8 Henrietta St., London, W.C.2**

---

# The British Journal of PSYCHOLOGY

EDITED BY JAMES DREVER

VOL. XLIX PART 2 MAY 1958 20S. NET

*J. Alfred Leonard.* Partial advance information in a choice reaction task.

*R. T. Green.* Factors affecting inductive predictions.

*J. G. Taylor.* Experimental design: a cloak for intellectual sterility.

*George A. Talland.* The effect of set on accuracy of auditory perception.

*J. W. Kaswan.* Tachistoscopic exposure time and spatial proximity in the organization of visual perception.

*George Seth.* Psychomotor control in stammering and normal subjects: an experimental study.

*A. D. B. Clarke, A. M. Clarke* and *S. Reiman.* Cognitive and social changes in the feebleminded —three further studies.

*P. C. Dodwell.* Shape recognition: a reply to Deutsch.

*Jerome S. Bruner.* Critical notice of '*Thinking*' by Sir Frederic Bartlett.

Publications recently received Other publications received

*The subscription price per volume, payable in advance, is 60s. net (post free).*

*Subscriptions may be sent to any bookseller or to the*

## Cambridge University Press

BENTLEY HOUSE, EUSTON ROAD, LONDON, N.W.1